### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-	-								,	
	CF	R	TI	FI	CA	TE	OF	DE	ATH	1

00876

1 / 1						I	1
/			Middle		Lost		
-	(T	ype or print)	1 00	Av	1	Month Do	
		VIIII	L(11 6.	TX	11176	Ja 67 - 1	1768 7 PM
	3. SE	X	4. RACE	S	DATE OF BIRTH	6. AGE (In years	
		MALE	WHITE	C	EPT. 15	1891 lost birthdoy) YRS	
	70 F	IDTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?				
	COUL	try)	70. CHIZEN OF WHAT COOKERS	-	NEVER MARKIEU		
	-	MRGINIA	USA	WIDOWED		FREDE	ERICK Md.
	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not	in hospitol 120, USUA	L OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
1.1			give street oddress)		during mo	st of working life, even if retired.)	INDUSTRY
70	1	REDERICK	PREDERIC	KNURS	NC- HOME RE	TIRED FARMER	?
	130.	USUAL RESIDENCE (Where deceose				MITS? 13e. STREET AND NUMBER	
93			112L COUNTY		1400 - 140	X Dueni -	PAILTEHI
03		VIKGINIA	LOUDOUN	LOVEII	JAIYTH	RURITL	1001E ++1
- 2	14. F	ATHER'S NAME First	Middle Last	15.	MOTHER'S MAIDEN NAME FI	rst Middle	Lost
~		INHAI	MY AYIIM	= 1	INDUADET	1112 = 11107.	MANUED
		7 - 11 / 1				GHNE SITE	7/1/4/\1-1\
	160.	WAS DECEASED EVER IN U.S. ARM			ORMANI	Address	PATRICK ST.
	1	es, no, or unknown)	131-46-7	394 /	ARRI NIEW	TON OFFE	ERICK MD.
		SEX  4. RACE  5. DATE OF BIRTH  SEPT.  5. DATE OF BIRTH  SEPT.  6. AGE (In yeors lef under 1/4 are lef under 2/4 hrs.)  6. AGE (In yeors lef under 1/4 are lef under 2/4 hrs.)  8. MARRIED NEVER MARRIED  9. COUNTY OF DEATH  USA  WIDOWED DIVORCED  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  8. MARRIED NEVER MARRIED  9. COUNTY OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12b. KIND OF BUSINESS OR INDUSTRY  13b. COUNTY  13c. CITY OR TOWN  13d. INSIDE CITY LIMITS?  13e. STREET AND NUMBER  13b. COUNTY  13c. COUNTY  13c. COUNTY  13c. COUNTY  13d. INSIDE CITY LIMITS?  13e. STREET AND NUMBER  13b. COUNTY  13c. COUNTY  13					
		18. CAUSE OF DEATH (Enter onl	y ane cause per line for (o), (b), and (c).)				
-				(noD)	bou mo	Mia	14-5 dans
,		I I I I I I I I I I I I I I I I I I I	0.002 (-)	1	+		1
V		4×3×	DUE TO, OR AS A CONSEQUENCE OF				
			/L\				
		rise to immediate couse (o),(					
- 5			DUE TO, OK AS A CONSEQUENCE OF				
77.64		last. 491x	(c)				
		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(a)	
		. 1	DITIONS CONTRIBUTING TO DEATH DOT NO	A CLEATED TO	THE TEXAMINAL DISEASE ONCE	A	1
	z	11 Diahote	Mellitus a	1/sen	eralized	Arteriosc	levosis.
	8	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER	REORMED	20o. AUTOPSY?		
V	ব্					CAUSES OF DEATH?	
					AF2   NO		
	8	210. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	21c. HOV	INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2	, Item 18.)
	¥						
	E						
	×	21d. INJURY OCCURRED 21e.	PLACE OF INJURY ( AT NOME, FARM, STREET, FAC	TORY,) 21f. LOC	ATION Street or R.F.D. No.	City or Town	County State
		While Not while	OFFICE BUILDING, ETC.	'			
	LB				2 / 10 /		0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	11/	22o. I certify that (I) (thi	is hospitol) attended the decease	d fram	Mg 1, 196	7, 10 0 an 1, 1	9_6 , that (I) (we) last
		saw the deceased a	ive on Jan	968, and	thot in (my) (our) opin	nion deoth occurred on the c	date and hour ond from the
		causes stated abave	, (I) (we) (did) (did not) view the l	oody after de	ath.		
		22h SIGNATURE		0		220	c. DATE SIGNED
		1/	(1) M	/) propri		ED. STAFF	. 1 / ~
		Johnson 1.	mase 11.	DEGKE	11175.	RECTOR PHYS.	1 van 60
0.				1.2	22e. ADDRESS	11 0 1	. 111
UI		NAME (Liper Clary	Vi Chase	MeD.	804/01/	touse trede	rick Md
M	-		100 11115 05	CENTERDY OF C	DEMITORY	Last location (Ch T)	15
11/2	230.	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF	LEMETERY OR C	KEMATURY	230. LUCATION (City or Town)	(County) (Stote)
2110	1	36 JUNE COPERTY JE	N. 4. 1968 NT DL	IVET 1	EMETERY	FREDERICK FI	REDERICK MO.
W	24	FUNERAL DIRECTOR HAM	B. Am LADORES	200	2So. REC'D B'	REGISTRAR 25b. REGISTRAR	S SIGNATURE
(4)	B.	P Etchienn	& Son, Frederick,	Md . 2	701	PART.	relas lugas
1/68	IV.	. V. Preditaon	a bott, incorrating		DATE AN	5 1968 1000	10.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers, Perges 1 and 2 an TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

foneral 1 and 2

VR A15 30M REV.

	*,****
And the file of the state of th	
son, irndirich, bu. 21701	
son, iradirich, M. 21701	modinote ./ .

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

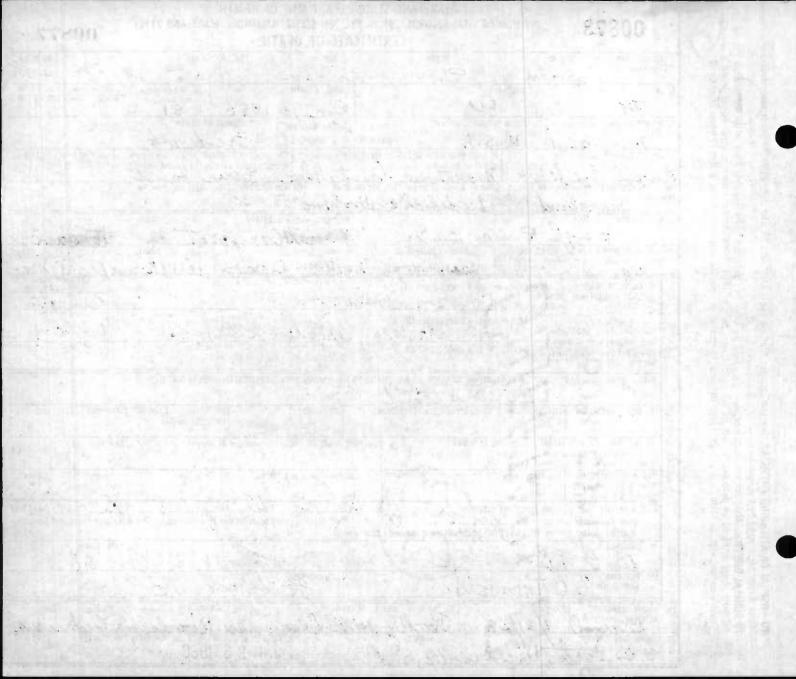
00873

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 moy be retained by the hospital or ottending physician.

CERTIFICATE OF DEATH

2b. HOUR
V 4.30 Th
AR IF UNDER 24 HRS.
LYS HOURS MIN.
Md.
OF BUSINESS OR
Y
Lost
DANAHI
1
RI ml.
ROXIMATE INTERVAL
EN DNSET AND DEATH
nimites
1/1/2
jeurs.
N CERTIFYING
A CERTIFIEND
Stote
nat (I) (we) last
ur and fram the
or and train the
X
(Stote)
1 : 6 \
louik my
louik No
F



### MARYLAND STATE DEPARTMENT OF HEALTH

)	1	Т	00879	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL ERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	00878
1	funeral 1 and 2 ter death.		ECEASED-NAME First Type or print) Ralph	Middle Edgar	lost Baker	20. DATE OF DEATH  1 Month 10 Doy	2b. Hour 1:45
E)	and completely filled in by the fun remave carban papers. Pages 1 n any event, within 72 haurs after	3. 5	male	4. RACE white	S. DATE OF BIRTH 1/3/1904	0. 1102 (111 )0010	FUNDER I YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
	d in by sers. Programme 72 haur	70. cat	BIRTHPLACE (Stote or foreign ntry land	7b. CITIZEN OF WHAT COUNTRY? U • S •	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Frederick	M
	oan pap within	4	CITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL OR INS give street oddress) Frederick	Memorial Hospi	UAL OCCUPATION (Kind of work done most of working life, even if retired.)  CAL Mechanic	12b. KIND OF BUSINESS OR INDUSTRY g overnmen
	omplete ove carl event,		USUAL RESIDENCE (Where deceose nission) STATE Maryla:	ad lived, if institution: Residence before ${ m nd}^{3b.\ { m COUNTY}} { m Frederick}$	13c. CITY OR TOWN 13d. INSIDE CITY	13e. STREET AND NUMBER NO 300 E. Thi	rd St.
	physician and complet hen please remave car noval, and in any event,	1 14.	FATHER'S NAME First Franklin	Middle Lost Lewis Baker	is. Mother's maiden name	Cordelia Ea	sterday
	shysicial n pleas val, and	160	Yes, no, or unknown) (If yes give wo	ar or dates of service)		ker, Middletown,	
	attending p permit. The ian, or remo		PART I. DEATH WAS CAUSED	y one couse per line for (o), (b) fand (c). BY: TE CAUSE (a)		an	APPROXIMATE INTERVAL BETWEEN ONSET/AND DEATH
law requires mar me deam cermicare be executed whim 24 mans and nating physician.	signed by the attending physi burial-transit permit. Then pl burial, crematian, or removal,		Conditions, if any, which gave )	DUE TO OR AS A CONSEQUENCE OF	Catu Seleache	insterda diserce	- Colca.
es mon	signed by the burial-transit burial, cremati		rise to immediate cause (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF			
na phy		z	4500	DITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE OF	RCONDITION GIVEN IN PART 1(a)	
offendi	has b se as h pria	CERTIFICATION	190. DATE OF OPERATION 19b. (	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES NO [	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
חונטן עד	-	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year		ter nature of injury in Part 1 or Part 2, Ite	m 18.)
he has	this cer etache Dept.	WE	21d. INJURY OCCURRED 21e. While Not while of wark	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LOCATION Street or R.F.D. I	No. City or Town	County State
hed by t			22a. I certify that (I) (thi	s haspital) attended the decease live an1 , (I)_(we) (did) (did nat) view the	9, and that in (my) (aur) a	, ta, 19 pinian death accurred an the date	, that (I) (we) last and haur and fram th
he retained by	DIRECTOR: / ge 3 shauld led with the	/	22b. SIGNATURE	1 Hughes	DEGREE PHYS.	ASTO CTAFF	TE SIGNED _0/68
Page 4 may	ar, paged be file		22d. PHYSICIAN'S NAME (Type) Dr. R			ick, Md.	
Pane 4	TO FUNERAL director, pa	L	DUTIES  BURIAL, CREMATION, REMOVAL (Specify) DUTIES  FUNERAL DIRECTOR		CEMETERY OR CREMATORY an Cemetery [250. REC'D		(County) (State) ederick, Md GNATURE
	VR A 14	1 2		pany, Middletow		N 1 0 4000 077	-

PCHOO TO THE STATE OF THE STATE				12 E 6 7 8 0 6 7 1
			N PELL	
				- 57
			•	transfer and
			2 100	Later the second
was the way and a				
			1 *	and the second
		S-10- 11		
	AND DESCRIPTION OF THE PARTY OF	Area Aller on the		
		A state		
del de mak	^			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aften Page 4 may be retained by the haspital ar attending physician.

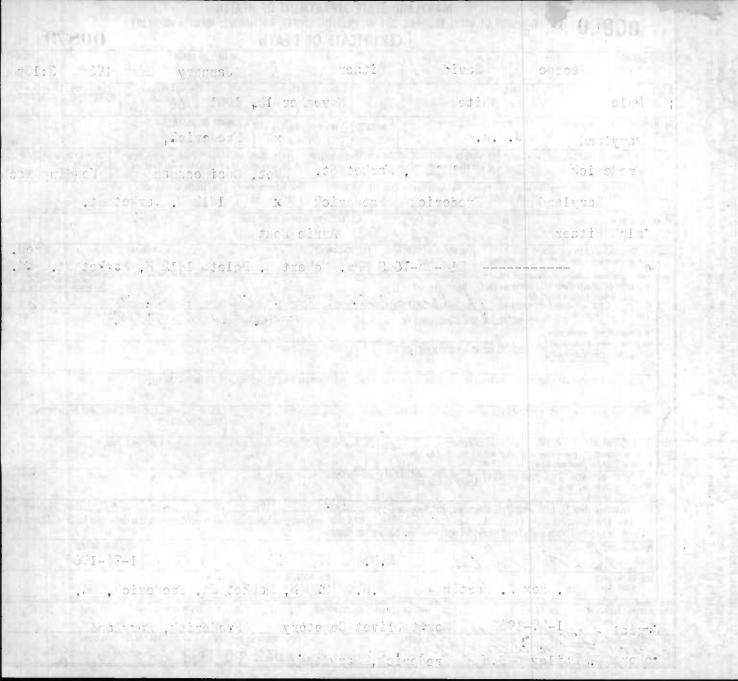
**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remove carban pagers. Postaled with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 22 haup.

VR A15 (4) 30M REV. 1/68

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	DECEASED-NAME (Type or print)	George	D	Middle avid	Bit	.zer		20. Di	ate of death anuary <sup>Moi</sup>	1th 26 Do	<sup>9</sup> 196 8 <sup>9</sup> 19	2b. HOUR 3:10p M
3.	Male			te	A	S. DATE OF Novem	BIRTH ber 13	. 190	6. AGE	(In yeors irthdoy) YRS.	MONTHS DAY	
CO	BIRTHPLACE (State of untry) Marylai	nd	U.S.A.		WIDOW	ED DIV	ORCED X			,		Md.
10.	Freder:	ick	give s	treet 1412 N.	Mark	et St.	Ret	nast of we	orking life, eve Sinessm	n if retired.) an	12b. KIND ( INDUSTRY Veno	of Business or ding Macl
odi	a. USUAL RESIDENCE ( mission) STATE Ma	Where deceosed aryland	lived, if institution 13b. COUNTY F	rederick							et St.	
			Middle	Lost						Middle		Last
16	o. WAS DECEASED EVI Yes na, or unknawn)	R IN U.S. ARMED	FORCES?				ert E.	Pole	to 141	Address 2 N. N	Market :	Fred. St. Md.
	Canditians, if ony rise ta immediat stating the under	H WAS CAUSED B IMMEDIATE  which gave e couse (o), rlying cause	DUE TO, OR A	S A CONSEQUENCE OF							APPROBETWEEN	IXIMATE INTERVAL  I DINSET AND DEATH
CERTIFICATION	4201 190. DATE OF OPER	George   David   Bitzer   January   January										
MEDICAL CE	The contributing of the contribution of the co	CAUSE DF DEATH medical examiner JRRED 21e. PL iile 21e. PL ithat (I) (this deceased aliv	HOUR A.M. P.M.  ACE OF INJURY ( haspital) atte	Month Day Yeor 15 AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.  Inded the decease	Tary.) 211	Sept and that in (	eet ar R.F.D. N	6.7, t	City or Tawn	6-,19	Caunty	at (I) (we) last
	22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	Dr. Re	mare x R. Ma	rtin		22e. Al	DDRESS			□ 1-	-26-196	3
	o. BURIAL, CREMATIO REMOVAL (Specify) Burial L. FUNERAL DIRECTOR	1-29		Mount (	Dlive	t Cemet	2Sa. REC'D	Fre BY REGIST	ederick RAR 25b	Mary	land S SIGNATURE	



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00881 00880 CERTIFICATE OF DEATH Last 20. DATE OF DEATH DECEASED-NAME First Middle 2b. HOUR A (Type ar print) Manth Baair Jan. 8:00 M Francis 4. RACE S. DATE OF BIRTH lease remove carbon popers. Poges I and in any event, within 72 hours after 3. SEX 6. AGE (In years requires that the deoth certificate be executed within 24 hours after Male Caucasian Oct. 3, 1925 8. MARRIED NEVER MARRIED 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) Mater, Ky. physician and completely filled in USA Frederick WIDOWED DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done give sheet and gess) Disp. Ft. Detricure of the opening life, experience.) Frederick 13a, USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY Fred . Md. Thurm ont 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle William H. Blair Ethel Mae 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no or unknown) > (1) yesaw 104-18-5989 Margaret N. Blair Thurmont, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A COMSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (o), DUE TO. OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION O FUNERAL DIRECTOR: After this certificate hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19g. DATE OF OPERATION CAUSES OF DEATH? NO T YES 1 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) HOUR A.M. Manth Day Year OR CONTRIBUTING CAUSE OF DEATH xominer) 75 5 M. John 1965 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (If either, natify medical examiner) 21d. INJURY OCCURRED City or Town County State While Hot while at wark \_, and that in (my) (our) opinian death occurred on the date and hour and from the Sow the deceased alive oncauses stoted obove, (I) (we), (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE PHYS. 22e. ADDRESS Andrew R. Schwartz, Cpt. Fort Detrick, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOYAL (Specify) 23b. DATE 1-15-68 23d. LOCATION (City or Town) (County) Blue Ridge Cemetery Thurmont Bred. Co. Md.

ADDRESS Creager

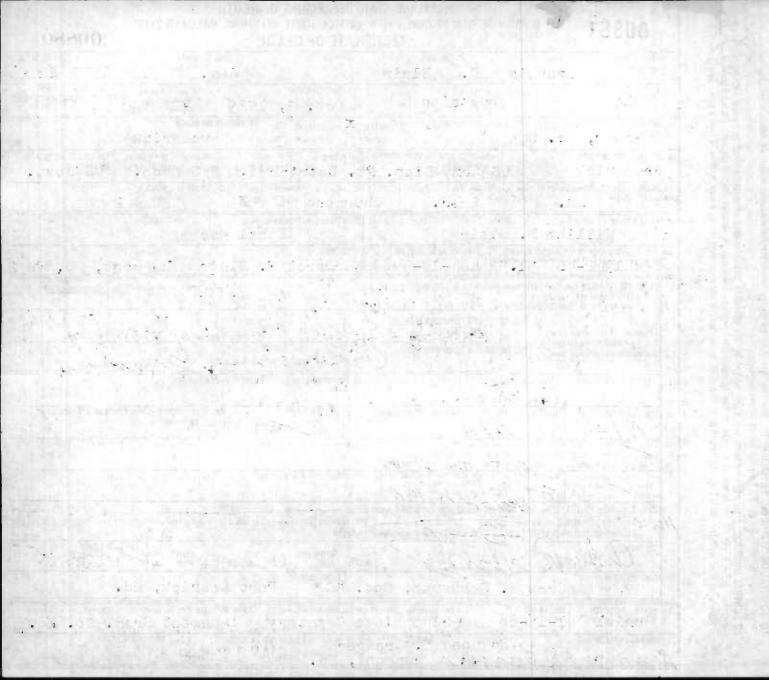
Thurmont. Md

Raymond

24. FUNERAL DIRECTOR

2Sq. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00882 00881 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR (Type or print) Michael - Le Rov Bradshaw Jan. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) Male White April 12. 1945 physician and completely filled in by the please remove carban papers. Pagaval, and in any event, within 72 hours requires that the death certificate be executed within 24 hous 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Frederick Michigan DIVORCED | U.S.A. WIDOWED 3 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Emmitsburg 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Frederick Emmi tsburg YES-West Main 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Last Austin Herbert Bradshaw 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) Yes, na, ar unknawn) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 367-111-9527 Mrs. Anna Bradshaw. W. Main. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) MALLANGER DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if ony, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) has been as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO DO YES 🖂 O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City\_or Town County State While Nat while at work saw the deceased olive an\_ 1965, and that in (my) (our) opinion death occurred on the date and haur and from the be retained causes stated abave, (1) (we) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) directar, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (County) (State) REMOVAL (Specify) Emmitsburg, Frederick Co. Md. View Cemeterv 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS DATAN 1968 30M REV. 1/68 Emmitsburg.

TR-00			<3300	
1., (	а		The second of th	
	e;			
		The state of the state of		
			N. E. Value	
	38 3 . V:			
	Ž.			
		3-10-7		
	reserve to the sound of the sou			

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- (M)		00883 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	008	982
eor Tar		Type or print) JOHN FREDERICK BUFFINGTON January 7	Year 1968	2b. HOUR
the fundages (1 ages (1 safter d	3. SI	EX 4. RACE S. DATE OF BIRTH 6. AGE (In Fors		IF UNDER 24 HRS. HOURS MIN
hin 24 haurs afte filled in by the f n papers. Pages ithin 72 haurs afte	COU	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH NOTIFY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done	12b. KIND OF B	M JUSINESS OR
be executed within and campletely file remave carban file any event, with		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. STREET AND NUMBER 13b. COUNTY Washing life, even if refised.)  Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Washing 13b. COUNTY Washing 13b. COUNTY Washing 13b. COUNTY Washing 13c. STREET AND NUMBER 13d. STREET AND NUMBER 1d. STREET AND NUMB	are.	
sician and oppose removed in any it, and in any	160	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SQUAL SECURITY NO. 17. INFORMANT Address Yes, go, or unknown) (If yes give wor or doins of service)  Address	walter	lost Ivelle
ith certiticate the ding physician to Then please remaval, and		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMU BETWEEN ON	ATE INTERVAL SET AND GEATH
that the death an. by the attendir transit permit. crematian, ar re	1	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave rise to immediate cause (a).  (b)  Levere tachyzardis	30 m	nautis
res tha /sician. ned by ial-tran ial, crer		stating the underlying cause (c) acute coronary throubons	30 m	insta
v required by the signature of the purt of	N.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  Acres arterescleratic aarter vescular disease.		
aftendir aftendir has bee se as th th priar	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?		RTIFYING
ICIAN: pital or rtificate id far u af Heal	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Port 2, Ite   10c. HOW INJURY O	em 18.)	
s PHYS the hos this ce detache e Dept.	W	21d. INJURY OCCURRED While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. No. City or Town	County	Stote
TENDING Jined by 1 OR: After ould be 0		22a. I <b>certify</b> that (I) (this hospital) attended the deceased fram, 1967, ta/, 196 and that in (my) (our) opinian death accurred an the date causes stated abave, (I) (we) (did) (did net) view the bady after death.	e and haur a	(I) <del>(we)</del> las nd fram th
be retorned by the policy of t		E. a. Wettbarn, M. O. DEGREE PHYS. ATTENDING DIRECTOR DIR	ATE SIGNED	
HOSPITAL  Ige 4 may  FUNERAL  rectar, pa		22d. PHYSICIAN'S NAME (Type) E.A.DETTIBARN 22e. ADDRESS Wollierwelle, We	1 217	
Page 4 n  TO FUNER  director,		BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)  REMOVAL (Specify) Baltimore  Baltimore	(County)	(State)
30M REV. 1 68	24.	FUNERAL DIRECTOR ADDRESS 21793 250. REC'D BY REGISTRAR 25b. REGISTRAR'S S. P. C. Barton, 40 Filton are Walkersville, md ONAN 12 1968 Clearly		

是一种,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	
Seedon Seedon and Seedon Seedo	The state of the s
The real of the second	
0004-34-470	

F

O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Departing Health prior ta burial, cremation, ar removal, and in any event within 72 hours after death. 5 may be retained far yaur files.

0

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta TO DEPUTY VR A15ME (5

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

100	0088	DIVISIO				197				1201		(	008	83
		Fire	st	Mic	ddle	120	ast				Month	Day	Yeor	2b. HOUR
,	Type or Tallity	Some   Some	3 M											
3. S	EX	4. RACE		Middle  Light  Middle  Light  Middle  Light  Middle  Light  Franklyn  Burger  IRTH  Jo. AGE in part  Journal Month  Joy  John Month  John Month  Joy  John Month  Joy  John Month  John Month										
-				-					ATH    20. DATE KNOWN   Month Day Year 2b. HOUR OF ESTI-DEATH MATED   4 1968 M   MATED   2c. DATE PRONOUNCED DEAD Month Day Year 1968   2d. HOUR MONTH DAY NO					
		e ar fareign	MEDICAL EXAMINER'S CERTIFICATE OF DEATH    First											
	Mu.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH    Mode												
														INESS OR
_							t.					IIIDOSEK		
			osed lived, if instit	ution: Residence	e before 13c. (									
		MO							-			pers		
14. F	ATHER'S NAME					15. MOTHE	R'S MAIDEN NA					93		t
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH    CASE   Madde   Dot   Tranklyn   Burger   Double   Madde   Dot   Madde   Dot   Dot   Madde   Dot   Dot													
												7/0		
	No			215-31	1-3437	Leon Y	• Burg	er-Li	me K	iln, M	d. 21		000000000000000000000000000000000000000	INTERVAL
				ine far (a), (b),	- 0		Λ			*		BET	WEEN ONSET	AND DEATH
	C) po		IATE CAUSE (o)		Very8	450	und	13	100	4			1 - 14	
	100	2 X	DUE TO, OR	S A CONSEQU	JENCE OF									
			(b)	-32 48	HUILIN	119.60				100	100			
	stating the ur		DUE TO, OF	R AS A CONSEQU	UENCE OF									
-70	last.		) (c)	+ 1			19.00	37.5						N. E.
	PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH	BUT NOT RELAT	ED TO THE TERM	IINAL DISEASE	OR CONDITIO	ON GIVEN	N PART 1(0)		-11/1		
N	7/6	X					200		1941					
STIE	19a. DATE OF C	PERATION				OPERATION						20	. AUTOPSY	(?
TIE				WAS FER	.FUKMED!			175					YES 🗌	NO X
	21a. EXTERNAL	CAUSE WAS	21b. TIME OF		Day, Year	21c. HOW INJ	JRY OCCURRED	D (Enter notu	ure of inju	y in Part 1 o	r Part 2, It	rem 1B.)		03120
DICA					19									
ME			PLACE OF INJURY	At home, farm	street,	21f. LOCATION	-	. No.	City	or Town	~	Count	Υ ,	State
	AT WORK	AT WORK	deloty, of Salar	でも			203	6	20	4 50	Pre	Eder	Ide	M)
	22a. I	certify that I	took charge of t	he remains	described ob	ove, held on	Autopsy [	□. In	spection	XI. In	auiry [	7, 01	nd in m	v opinion
														,
		(/)	-A-(	M					_					
		IUM	PORFRI	A THON	ASLOULE	7	ACCICYANIX				22b. DATE	SIGNED		
		U V	912 TOLL	HOUSE	AVENU	E. M.L				Egenti.	18.00	-4	6	8
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH    DECEASED NAME   Control   Practice   Control   Practice   Control   Practice   Control   Practice													
230	. BURIAL, CREMA	TION, 23b					ORY	23d	. LOCATIO	N (City or Toy	wn)	(County)	15	tate)
	Burial Spec	ify) Ja	n. 6-196					3-43				, ,,	,	
24.			/			- Come		REC'D BY RE					RE	
	M.R.Et	chison	& Son-F	rederi	sk, Md.	21701	DALA	N 9	196	8 10	uand	No.	MAR	•

		arling.			
		05 72.	नेपारु रं-	AJ.L	A)
0.17	, ' t o 1 + 2 1		. A. E. U		.09
into a samulant	. 33 . AJC .	1 (05 10 0		1	
RT-0.15 Sect. 0: X	18	ii karrii		• 511	
god Lean (to).		Tagain .		4040	
(c) er-1 r 111, r 1. 21,05				o distribution vinguina	c.
			A new		
		- 12:01Y			
				1000	
					4
	50				
	A LONG THE RESERVE OF THE PARTY				
				NEW Y	
	Laborator Control		-		
			9		

death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV, 1/68

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 haurs after, Page 4 may be retained by the hospital or ottending physicion.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1. DECEASED-NAME	First		Middle		Lost		20. DA	TE OF DEATH			2b. HOUR
(Type or print)	Ella		М.	Bux	ton			Janu	onth Doy	1968	B 1:30 M
3. SEX		4. RACE			S. DATE OF E	BIRTH		6. AG	E (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female		Whi	ite		Anr	il 7.	1893	lost	birthdoy) 74 YRS.	MONTHS DAYS	HOURS MIN.
7o. BIRTHPLACE (State		7b. CITIZEN OF WH		B. MADDICE	NEVER MA			TY OF DEATH	1		1
(ountry) Maryla			5.A.	WIDOWE		RCED					44.1
10. CITY OR TOWN OF		11 NA	ME OF HOSPITAL OR IN				IAL OCCUP		derick		Md. F BUSINESS OR
Freder	ick	give s	treet oddress) rederick	Nurs	Center	during m		rking life, ev	en if retired.)	INDUSTRY	BUSINESS OR
130. USUAL RESIDENCE				13c. CITY (	OR TOWN	13d. INSIDE CITY I	LIMITS?	3e. STREET AN	ND NUMBER		
odmission) STATE Maryla	nd	Mon t	gomery V	Mt.	Airy	YES N	10 💂	RFD;	# 3		
14. FATHER'S NAME	First	Middle	Lost		15. MOTHER'S A	MAIDEN NAME	First		Middle		Lost
	Ephrian	n	Brown				Sar	ah		Poole	
160. WAS DECEASED EV	ER IN U.S. ARME	D FORCES?	16b. SOCIAL SECURITY	NO. 17	. INFORMANT	9	1212		Address	grav.	
Yes, no, or unknown	(It yes give wol	r or dates of service)	19-34-44	71D	Rosc	oe F.	Buxt	on.	Damascu	is, Md	
IB. CAUSE OF D	EATH (Enter only	one couse per lin	ne for (o), (b), ond (c)	.)					cular	APPROX	IMATE INTERVAL ONSET AND DEATH
PART 1. DEA	TH WAS CAUSED	BY:	Cerebral		ılar Di	sease.	Recn	ttent	Accide		STOCK MAD DEATH
1137	IMMEDIAT	TE CAUSE (o)				00000,	11000	220110	ACCIGO	10	
Conditions, if on	which gove	DUE 10, OR A	S A CONSEQUENCE OF Cerebral		of one le	mood a				750	
rise to immedia		(b)			LIOSCIE	rosis					
stoting the und	erlying couse		S A CONSEQUENCE OF								
last. 337	X	(c)	Generali								
			TING TO DEATH BUT N					I GIVEN IN PA	RT I(o)		
E Chroni			tion; Rec								
190. DATE OF OPE	RATION 19b. C	ONDITION FOR WH	ICH OPERATION WAS P	ERFORMED	. 20a. AUT			20b. IF YES, W CAUSES OF DE	/ERE FINDINGS C	ONSIDERED IN C	ERTIFYING
190. DATE OF OPEN			E Late		YES					1. 754	
					HOW INJURY OF	CCURRED (Ente	er noture o	of injury in Po	ort 1 or Port 2,	Item 1B.)	4 II 196
OR CONTRIBUTING			Month Doy Year	9							
While Not w	URRED 21e. F		AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		LOCATION Stre	eet or R.F.D. No	0.	City or Tow	vn	County	Stote
ul work of w	ork	haniaal) a			1065	, 19_	A.	1/25	10	60 Ab.	A /II /ment !
22a. I certify	docoosed ali	naspital) afte	ended the deceas	ed from 3	nd that in (r	, 19_	inion do		ad on the da	to and have	t (1) (see lost
courses s	toted above	(l) (we) (did)	(did not) view the	body afte	r death.	iiy) (wasa ) up	milon de	ווטווו טננטוו	eu on me uu	ie and naur	ond from the
22b. SIGNATURE	/ 20076,	(1) Kay (aid)	A A TOTAL TITLE	2007 0110					72c.	DATE SIGNED	1-
J. SIGNATURE	all	read	m w	DE	GREE PHYS.	ING 📈	MED DIRECTOR	STAF PHYS	F	1/2,1	168
22d. PHYSICIAN'S	012	72 14		1	Tille.	UDECC				1/20	/ 0
NAME (Type	) Glici		dors, M.D		22e. AS	10 To,1:			e. Bred	erick,	
230. BURIAL, CREMATI			23c. NAME OF					OCATION (City		(County)	(Stote)
BUILFICITY		1.27,196			y Meth				sville.		The same
24. FUNERAL DIRECTO	L. Mole	sworth.	Damascu			2Sa. REC'D		RAR 21	Sb. REGISTRAR'S	SIGNATURE	MAR.
				7	-	I DATE LES		4 1500	a di Consta	THE THE STATE OF T	7

124800 mark a mark a		(a) the senting and (a) the senting and		C-300
	ao:	Alfin		
r			0.001	The same of the sa
				,
The second secon				
1697. HAYE.			14.54	
Electronic of the contract of				
interest days	dr Jasses, dal	ional Laudure.		
	an migotologoi	edia ferdere		
	risondentino	n Geraldesegeo		
	notion at Le	fi Juspal (95%	0072	Oproule Orien
			10 40	
	200			
	Water William			
			28 - 7 %	ALTERNATION OF THE PARTY OF
		COLUMN TOUR PROPERTY OF THE	. 52 700	

v9555

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00885

		ype ar print)	First		Middle W •		Last		2a. DATE C	F DEATH	5 <sup>D</sup> oy	Ĭ968	2b. HOUR Z 55 P. M
	3. SE	Male		4. RACE	nite		S. DATE OF	26, 19	902	6. AGE (In ye	ears y) YRS.	_,	IF UNDER 24 HRS. HOURS MIN.
	7o. E	BIRTHPLACE (Stote on Boston	r fareign		5.A.	8. MARRIED WIDOWED [	DIVO	RRIED	9. COUNTY O	F DEATH derick			Md.
4		ity or town of d Frederic	k	nive s	ME OF HOSPITAL OR INS treet oddress). derick Mei	norial	Hospi	120. USUA	L OCCUPATION	N (Kind of work g life, even if re	dane tired.)	12b. KIND OF B	
)	13o. admi	usual Residence ( ission) STATE Marylan	Where deceose d	d lived, if instituti 13b. COUNTY Frede		13c. CITY OR  Frede		YES NO		TREET AND NUM			
1	14. F	ATHER'S NAME Newt	First On	Middle L.	Lost Cann	15	. MOTHER'S A	NAIDEN NAME FI		Mi	ddle	Hale	lost e <b>y</b>
	16o. Y	WAS DECEASED EVE es no, or unknown)	R IN U.S. ARM (If yes give wo	FORCES?  r or dates of service)  V • # 2	204 07 11		NFORMANT S. Edi	th Canr	ı, Park	Adview Apt	dress t •Fre		
		1B. CAUSE OF DEATH	ATH (Enter only	ane cause per lin	e far (a), (b), and (c).)	due S	hael	c (Cast	terial	)			ATE INTERVAL SET AND GEATH
		Canditions, if ony,	which gove)	(b)	Seconsequence of Pariton	tis						72 to	dur
		stating the under	)	(c) T	S A CONSEQUENCE OF	1 de	itre	culus	moj (	Colon			
1	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190. DATE OF OPERATION 191. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  201. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING  CAUSES OF DEATH?											
		2 on 68 210 ACCIDENT WA	CAUSE OF DEATH	HOUR A.M.	INJURY Month Day Year		YES TO WINJURY OF	- 44		ury in Port 1 ar	Port 2, Ite	em 1B.)	
	MEDICAL	(If either, notify m 21d. INJURY OCCU While Not wh of work at war	RRED 21e.		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	10RY.) 21f. LO	CATION Str	eet or R.F.D. No.	Cit	y ar Tawn		County	Stote
		22a. I certify	that (1) (this	ve an 3	ended the decease (did not) view the l	9 <u>68</u> , and	d that in (r	>, 19 <u>6</u> ny) (aur) apii	Z, ta_5 nian death	acturred an	, 19 <u>_C</u> the date	8_, that and have a	(I) (we) last nd fram the
		226. SIGNATURE	12/	only.	Je M.	D. DEGR			ED.	STAFF PHYS.		TE SIGNED	68.
	,	22d. PHYSICIAN'S NAME (Type)			onley, Jr.					reet,Fr			
		BURIAL, CREMATION REMOVAL (Specify)	Jan	.8, 1968	23c. NAME OF C	Brandy	wine (		Cen		e, De		(Stote)
	24.	FUNERAL DIRECTOR  M. R.	Etchi	son & Son	a. Frederi	ck. Ma	rylan	2So. REC'D BY	y registrar	968 REG	STRAR'S S	IGNATURE Suc	soe :

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in bly the Tunfral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Rages Lond 2 shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any event, within 72 haurs after deeth. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 30M REV. 1/68

		A STATE OF THE REAL PROPERTY.			
3977	•.1.Su	14			Seriol 1
	0,5	2001 , US 1902		6 5 1 L	. eport
	dožnecki	x manual substitution of the substitution of t		•3•6.1	100/8/19
องเสียยอง	• • •	Longited Levience !	Sign of Stop	(-).971	noine enious
	· piv. · .:	x zola		oir -oic	list a line
Loter		E. C. I.	and and		rodys.
Rederick, 18.	• 4( 1 10 7 11	en in sidilə .s.	12 ( 27 ) ( 37 ) )	10. 5	831
. 12:-5		344574374			The state of the s
			S4- 33		
				Y P. T.	
				top q	
					A STORY OF THE STO
.w.,			This.		Profession Control
		cente . US: .		.3	frago
Principal of	,ollivodos	grade a suita	ALASTA LETT I	, ares	latent Jane

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages Land 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after death.

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours aft<del>er de</del>a Page 4 may be retained by the hospital or ottending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	ECEASED-NAME Fire type ar print) H	allie	Middle Walker		Carty	Jan.	Manth 24 D	1968eor	2b. HOUR 7p. M
3. SE	x Female	4. RACE White			ate of Birth  ept. 21-1	875	6. AGE (In years lost birthgay)	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
	BIRTHPLACE (State or foreign ntry) Md.	7b. CITIZEN OF WHAT		8. MARRIED N	EVER MARRIED DIVORCED	9. COUNTY C			Md
	TTY OR TOWN OF DEATH Frederick	give str	E OF HOSPITAL OR INST eet address) rederick N	Jursing (	Center Ho	MAL OCCUPATIOn most of working memaker	N (Kind of work done g life, even if retired.	12b. KIND OF INDUSTRY	BUSINESS OR
13o. adm	USUAL RESIDENCE (Where dece ission) STATE Md.	201 COLINTY	rederick				TREET AND NUMBER L7 Rockwel	l Terrac	•
14.	FATHER'S NAME First James	Middle E •	Walker			First erkell	Middle		Lost
16a.	(MAS DECEASED EVER IN U.S. A (lif yes give NO)	RMED FORCES?  o war or dates of service)	6b. SOCIAL SECURITY N		MANT Valker Car	ty-217	Rockwell	Frederic Terrace-	k, Md.
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU'    MMEI  Conditions, if ony, which gover rise to immediate cause (a) stoting the underlying cousilost.	DIATE CAUSE (a)  DUE TO, OR AS  (b)	A CONSEQUENCE OF	the	hent to He	fai	line	BETWEEN C	JACK STREET AND OBJET AND
	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	NG TO DEATH BUT NO	T RELATED TO THE	TERMINAL DISEASE C	R CONDITION GIV	/EN IN PART 1(a)		
CERTIFICATION	190. DATE OF OPERATION 19	b. CONDITION FOR WHICH	H OPERATION WAS PER	FORMED	20o. AUTOPSY? YES NO	CALIS	IF YES, WERE FINDINGS ES OF DEATH?	CONSIDERED IN C	ERTIFYING
3	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF O (If either, natify medical exo	EATH HOUR A.M.	NJURY Manth Day Year 19		NJURY OCCURRED (E	nter noture of in	jury in Part 1 ar Part 2	2, Item 18.)	
MEDI		PLACE OF INITIRY (A	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATI	ON Street ar R.F.D.	Na. Ci	ly or Town	County	State
	22a. I certify that (I) ( saw the deceased causes stated aba	this haspital) aften alive anve((1)) (we)(die) (c	ded the decease	d fram 9 6 2, and th bady after dear	at in (m) (aur) o h.	pinian dear	accurred an the	date and haur	(i) (we) las and fram the
	22b. SIGNATURE	, VCI	rose	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	CTAFF	an. 25-1	968
,	22d. PHYSICIAN'S NAME (Type) Dry	H.V.Chase			22e. ADDRESS 804 Toll		veFrede	rick, Md	.21701
	REMOVAL (Specify) Burial Ja	n. 27-1968	Mt. Oli	remetery or created to the comments of the com	etery	Fred	TION (City or Town) lerick, Md		(State)
24.	M.R. Etchisor	& Son	Frederic	Whitme	L701 DATE JA	N 2 9	25b. REGISTRAI	R'S SIGNATURE	ege.

	2800						00
• 91		180.	<u> </u>	Prus.	0.1	III S	
		William William					02/03/2
		Notice of F					
My agrid My facility	- m 607 m.		Tue Contest	kemil in Emil	W17		1.3023
	eostro: Linic	t 217 hous	ctus	odericker room	1		100
		I Delani	eima	goin.	•47	Vennol.	
			nija .	46, (1 mg (1 mg )	qui e O hagh mhillig is in this suite	al an an andress assess	C.
				N. Carlotte			
	Mark .mski				790		
		e le 1960 (1987)	ege topy.	legativ voil	05 I+15	. 11 3	

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

00887

							_					
1. DECEASED-NAME (Type or print)		irst	Middle		Lost		2a. DATE		Do	W / No		b. HOUR
(1)pe or pillin)	Ma	rgaret	Elsie	Cast	le		Ja	n. Month	12"	<sup>y</sup> 1968		N
3. SEX		4. RACE		S.	DATE OF			6. AGE (II	years	IF UNDER 1	YEAR IF UN	NOER 24 HRS.
Female	41.00	Whit		400	Jan.	. 6- 188	87	lost birt	YRS.	Moltins	UNIS NOO	200
7a. BIRTHPLACE (Sto country)	ite ar fareign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COUNTY					
Md		U.S.		WIDOWED [	DIV	ORCED 🗀		ederic				Mo
10. CITY OR TOWN	2017112	11. N	AME OF HOSPITAL OR IN	STITUTION (If nat i	in haspital	12a. USUA	L OCCUPATION	ON (Kind of v	vork done	12b. KII INDUST	ND OF BUSIN	IESS OR
Braddo	ck Hgt	S. V	indobona (	conv.& R	est I	Ione	Homen	ig life, even i	ir retired.)	INDUST		
	CE (Where de	ceosed lived, if institut		13c. CITY OR TO	NWO	13d. INSIDE CITY LIF		STREET AND				
odmission) STATE	Md.	13b COUNTY Frede	rick	Freder	ick	YES NO	DE F	loute l	1			
14. FATHER'S NAME	First	Middle	Last	1S. A		MAIDEN NAME F		1944	Middle		Lo	ost
	John	n Calvin L	ambert		Al:	ice Cath	herine	Batso	on			
16a. WAS DECEASED	EVER IN U.S.		16b. SOCIAL SECURITY		ORMANT				Address		10,5%	
Yes, no prunkno	(II Ans 8	give war or dates of service)	220-30-91	178B Rus	sell	S. Cast	tle-Ro	ute 4-	-Fred	erick	, Md.	2170
18. CAUSE OF	DEATH (Enter	r anly one cause per li	ne far (o), (b), opd-(c)	) 7 24							PPROXIMATE IN	
PART I. I	DEATH WAS CA	USED BY: EDIATE CAUSE (a)	Se	nelele						2	yn.	2
14/0	2.9	1,	S A CONSEQUENCE OF		/		2 10 10		. /			
Conditions, if		ve) ( )	Benerale		Ken	oacle	rosci	- an	teres	02 0.	- 3	5 yrs
rise ta imme stating the u		0),(	AS A CONSEQUENCE OF	d'and	2300	_	Bear	A dies	LAGE		olie	- 0
last. 14.45		(c)							m			-
	/	CONDITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED TO T	HE TERMIN	AL DISEASE OR C	ONDITION GI	VEN IN PART	1(o)			
	(	1 11 7 -1	Exerces 7	0 1		CX 4 / "						
19a. DATE OF O	PERATION	19b. CONDITION FOR WH			20a. AU1		20b.	IF YES, WERE	FINDINGS	CONSIDERED	IN CERTIFY	/ING
SE	197				YES [	no n	CAU	SES OF DEATH	?			
21a. ACCIDEN	WAS UNDER	LYING 21b. TIME O	FINJURY	21c. HOW	INJURY O	CCURRED (Enter	r nature of ir	ivry in Part 1	ar Part 2,	Item 18.)		
OR CONTRIBUT	ING CAUSE OF	DEATH HOUR A.M.										
(If either, not	OCCUPATA	21e. PLACE OF INJURY	AT HOME, FARM, STREET, FA		TION Str	eet or R.F.D. No.	. (	ity or Town		Caunty		Stote
While No	, wittie		OFFICE BUILDING, ETC.	)			P1 50	.,				
	ify that (1)	(this haspital) att	anded the deces	ed from	5-20	196	O to	1-12	- 10	168	that (I)	(wa) las
saw t	he decease	d alive an	12-	19€ 8, and t	hat in (	ny) (aur) api	nian deat	accurred	an the d	ate and h	aur and	fram th
cause	s stated ab	ave, (I) (we) (did)	(did nat) view the	bady after de	ath. `	// /						
22b. SIGNATUR	E		7		ATTEND	ING - M	AFD -	STAFF		DATE SIGN		0
54	end	man	le .	DEGREE	PHYS.		AED. IRECTOR	J PHYS.		an. 1	3-170	0
160			/		22e. Al	DRESS						
22d. PHYSICIA					-							
22d. PHYSICIA NAME (Ty		. Rex R. M	artin		220	N. May				ck, M	d.217	01
NAME (Ty 230. BURIAL, CREM	ATION, 2	3b. DATE	23c. NAME OF	CEMETERY OR CR	EMATORY			TION (City or		County		Ol tate)
NAME (Ty	ATION, 2		23c. NAME OF Mt. OJ		mete:	сy	23d. LOCA	TION (City or	Town)	(County	) (SI	tate)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages and the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs

30M RBV/1/68

CHEOD.		10-10 S.A. R F.		183800
807	SI - nap	eltut	stata Jeur	gall
	To the second	o met	William	Fonske
	in a substant		1.5.1.	. LV
and to Amount			3 made on ty	stall successful
	r Douge la	Troduction	\$00mbes()	-44
	notini-eritants)	3· . I	Jerman niverb	nutol.
B. Hell , dal-	Cartico- of 10 14- 2111	783 usesil		-
		E 5. 15.		
			Mark Strain	
office to				
The state of the s	akanoat an mani.	Court of the Court	aithid Pro	
	, <u>M</u> . (Zo. 1) 1987.	THE STATE OF THE S		inesymp

VR A15 (4) 25M 1/67

### 00889 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 17 Film #G397 1/24/68 aprenticing of Death

apcertificate of Death

	PLACE OF DEATH Frederick	MARYLAND	2. USUAL RESIDENCE (When		r: Residence before odmission) Frederick
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH DE STAY IN 16	c. CITY DR TDWN (If outsid	e corporote limits, write RURAI	L ond give neorest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, Frederick Memorial Ho		d. STREET ADDRESS 10 Linden	Ave.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Lyy d J		oblents	DATE Month OF Jan.	13 19 68
M	ale 6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED	Apr. 17,190	9. AGE (In yeors lost by the doy) yrs.	IF UNDER 1 YEAR IF UNDER 24 HE Months Doys Hours Mir
		NO OF BUSINESS OR CO-Op	Fred • Co •	ote, or foreign country) Maryland	12. CITIZEN OF WHAT
13	Oliver Zacharis Coble	entz	14. MOTHER'S MAIDEN NAM Georgette	M. Boyer	
15	WAS DECEASED EVER IN U.S. ARMED FORCES?  (If yes give wor or dotes of service)		pha Boyer	10 Linder Frederic	Ave. k, Md.
F	CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:	(o), (b), ond (c).)	Goolentz 40-Curdes	decomparis	INTERVAL BETWEEN ONSEI AND DEATH
	Conditions, if ony, which gove inse to immediate couse (a),	Paronary	1 acclero	ean	5 me
	stating the underlying couse (c) (c)	lere & Eler	to CV	aneare	6415
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				19. WÁS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Port	I or Port II of item IB.)	
MEDICAL	Hour o.m. While		E OF INJURY (Home, form, pry, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that (I) (this hospital) atter saw the deceased alive an	nded the deceased from	, 19 <u>6</u> death accurred at	to 1/13 M, fram causes an	, 1968, that (1) (We) and on the date stated abo
	220. SIGNATURE Parka	A Bricemo		D. STAFF ECTOR PHYS.	Jan. 13, 1968
	22c. PHYSICIAN'S NAME (Type) A. TALLY OT	+ BRICE	22d. ADDRESS	serson,	Mg.
23	Burial (cremation, Burial (cremation) Jan. 17, 1968	Reform Ceme	remaidry tery	23d. LOCATION (City or Town Middletown	(County) (Stote) Md.
2	4. FUNERAL DIRECTOR Gladhill Co.	ADDRESS Middletown, M	2So. REC'D BY		STRAR'S SIGNATURE

PROCESSAR AND	- 43250
THE RESIDENCE OF THE PARTY OF T	
THE TENNY OF THE SECOND STREET	
The second of th	
	AT BEAU TO THE

funerat and 2 r death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

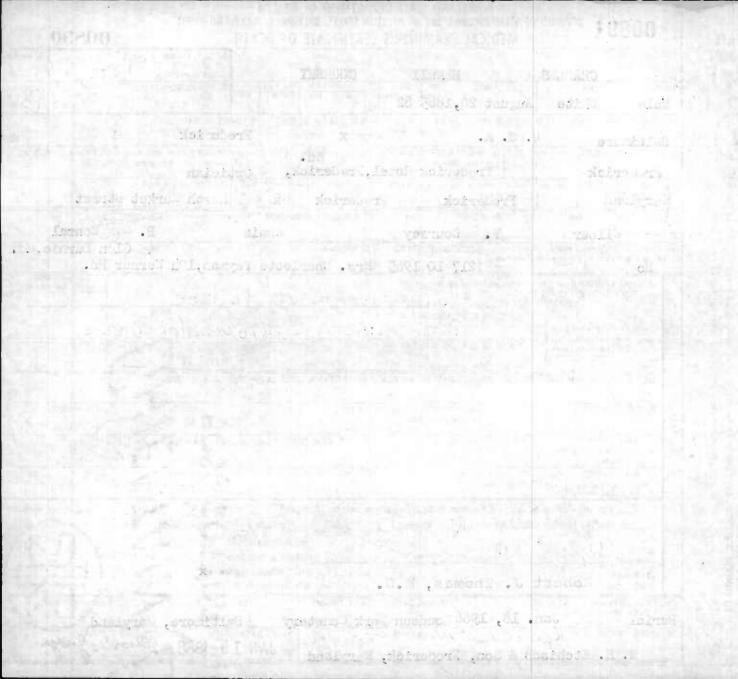
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		00830		CE	RTIFICATI	OF DEATH			00889
	1.	PLACE OF DEATH a. COUNTY	Frederick		MARYLAND	- OTATE	E (Where deceased ryland	h COUNTY	n: Residence before admission rederick
		b. CITY OR TOWN	(if outside corporate li		H OF STAY IN 1b				RAL and give nearest tow
		Freder	ick			Middleto	own		
4			ITAL DR INSTITUTION (i	f not in hospital, giv	/e street address)	d. STREET ADDRESS			e. IS RESIDEN ON A FARM
7		Frederic		spital			Blvd		YES ND
10		(Type or print)	Manere		E.	lelentz	4. DATE DF DEATH	Month /	27 1968
1	]	Male	White   w	/IDOWED 🔲	DIVORCED	0 /	910   last 57	birthday) Monti	
	10a dur	I. USUAL OCCUPATION IN BUT THE TRANSPORT OF WORKING	ON (Give kind of work done glife, even if retired)	10b. KIND DF BU	SINESS OR	11. BIRTHPLACE (C	ounty & State, or for	eign country)   12	COUNTRY?
	13	Farm Own	er	Farm		Frederic		land	U.S.A.
	10.		Zacharis	Coblent	Z	Georget		yer	
	15 (Ye	. WAS DECEASED EV 25, no, or unkown) (	ER IN U.S. ARMED FORCE If yes give war or dates of serv	16. SOCIALSE (10e) 219-36		INFORMANT LO	cust Bl	vd. Mid oblentz	dletown,Md
			ATH [Enter only one ca	use per line (or (a),		A -<		0	INTERVAL BETWEE
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Caro	marepl	Vec.e	Justa	ret	2me
		4/0,	DUE TO	0	1	10	~~		Edian
		Cenditions, if ar	mmediate (	Cent	uncet	of circuis	acycle	rease	- 5-9100
	4	cause (a), star underlying cause		are	Trev 8	eleros)	5		6 yrs
	TION	PART II. OTHER SIG	INIFICANT CONDITIONS	DATRIBUTING TO DE	EATH BUT NOT RELA	TED TO THE TERMINAL O	DISEASE CONDITIO	N GIVEN IN PART 1	(a) 19. WAS AUTOPS PERFORMED?
X	FICA	4201							YES NO
	CERTIFICATION	DR CONTRIBUTION (IF EITHER, NDT)	AS UNDERLYING  GCAUSE DF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I o	r Part II of Item	18.)
	MEDICAL	20c. TIME OF IN	JURY Month, Day, Year	While Not W	factor	CE OF INJURY (Home, fary, street, office bldg., e	rm, 20f. (City of	or town) (	County) (State)
	ME	p.m.	19	at work at w	ork 🔲		1:0	-/-	,,,
			that (I) (this hospital ased alive on			death occurred at	5 8, to from th		that (I) (we) land the date stated above
		22a. SIGNATURE	106	> '				22b.	DATE SIGNED
		(0	719	mee	M.D.	. PHYS.		HYS.	127/68
1		22c. PHYSICIAM NAME (Typ	1.T. /	SRIE	E	22d. ADDRESS	2 pge	25ou	ny
	23a	REMOVAL (Spec	TIDN, 23b. DATE THER	EDF 23c. NA	AME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, town or	county) (State)
	-	rial FUNERAL DIRECT	Jan. 3			Cemetery	Middle		Md AR'S SIGNATURE
	24.	Gladhil		E. Main		lletowiia. REC	EB 2 19	180778	ar's signature
1						DATE	F 10 10	1	

VR AI5 (4) 20M 1/65

TRUE AND THE RESERVE OF THE PROPERTY OF THE PR 그 교육 나는 사람들이 모든 것이 되었다고 있는데 그 사람들이 얼마나 되었다. Single Blanch Fred Bar St. 12 .00 Killing

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00890HEALTH-DEPT 1. DECEASED-NAME Lost 20 DATE KNOWNETT 2b. HOUR Year (Type or Print) OF CHARLES COURSEY 196 HENRIT DEATH MATED delay 6. AGE (In years 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR puo 82 birthday) August 20,1885 M3. Male White 7o. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH (ountry) U. S. A. Frederick WIDOWED DIVORCED [ Baltamore Give Poges ofter deoth 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Frederick Hotel Frederick. during most of working life, even if retired.) INDUSTRY Frederick Optician 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. Frederick BARE TO TEM North Market Street Frederick YES K NO hours Item 18 ofter 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME Middle Lost Wenzal B. Annie Wilbur Coursey Examiner's pages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Glen Burnie, Md. 16b. SOCIAL SECURITY NO. ADDRESS pencil 17 INFORMANT be executed within (Yes, no, or unknown) (If yes give war or dates of service) Mrs. Charlotte Tayman, 104 Werner Rd. 217 10 1945 File 5 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) the Chief Medicol PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Cardin unscular Discuss MRTERiosderoto Conditions, if ony, which gove rise to immediate couse (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse \_⊑ forworded to puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 00 removol used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, should be 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Dov. Yeor 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote Page : foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my apinian Natural causes X. Accident . death resulted from: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY moy be DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth Robert J. Thomas, M.D. NAME (Type) ADDRESS(Street, city, town, or county) 50 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial (Specify) Jan. 18, 1968 Loudoun Park Cemetery Baltimore, Maryland 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR M. R. Etchison & Son. Frederick. Maryland



1		ems 18&22a Film 39	7 MARYLAI VITAL RECORDS,	ND STATE DEP			AND 21201	
FOR STATE	1	00802		(AMINER'S C			Alle Ellevi	00891
HEALTH DEPT.		ECEASED-NAME First	MEDICAL EX	Middle	Lost	OI DEATH	20. DATE KNOWN Month	Doy Yeor 2b. HOUR
S 0 0 X	(	ype or Print) HELENA	J	ANE	COVER		OF FSTI-	W/ 1968 2 P
Poge	3. S	X 4. RACE S.	DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	2d. HOUR
de de de man	Fe	male White Ar	gust 6, 1	936 31 YRS	MONTHS DAYS	HOURS MIN.	Month Doy	Year 1965 2A
22 3			TIZEN OF WHAT COUNT	RY? 8. MA	RRIED NEVER M	ARRIED 9. COU	NTY OF DEATH	SERVED THE REAL
rarmy le De	Canu	ederick County	U. S. A.	- WID	OWED DIV	ORCED Fr	ederick	N
deoth with Tar with Tar	10. (	ITY OR TOWN OF DEATH		OSPITAL OR INSTITUTIO			UPATION (Kind of work done	12b. KIND OF BUSINESS OR
Give Pong with the th.		Frederick		dwood Ave		Advert:	working life even if retired.)	Newspape
hours after de Item 18. Give F Office olong wi Iond 2 with the offer death.	130.	USUAL RESIDENCE (Where deceosed liver) STATE 13	ed, if institution: Resi b. COUNTY			PERSONAL PROPERTY.	13e. STREET AND NUMBER	
18 ce o ce o de r de	_M	ryland	rederick		swick	YES NO	31 East B Sti	
hours Item 18 Office 0	14. F	ATHER'S NAME First	Middle	Lost	15. MOTHER'S MA	AIDEN NAME First	Middle	Lost
hin 24 ncil in niner's pages I hours	1/-		ymond	Reed		Janie		Mercer
within 24 pencil in xominer's ile pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCE es, no, or unknown)   {  fyes give war or a	ates of service)		17. INFORMANT		ADDRESS	
l with per Exon File File	-	No -			rank Cov	er,111,31	E. B Street,	Brunswick Md.
ecuted ing" in edical Exercises Exer		<ol> <li>CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:</li> </ol>						BETWEEN ONSET AND DEATH
d be executed within 24 d "pending" in pencil in Chief Medical Exominer's transit permit. File pages y event within 72 hours		427 IMMEDIATE CA	032 (0)	ongestive	heart ia	ilure		
be exiculting the best of the bring		Conditions, if ony, which gove	DUE TO, OR AS A CON			11		
d b rd " Chii trar		rise to immediate couse (a),	DUE TO, OR AS A CON	Cause und	etermine	<u>a</u> }		
certificote should be e writing the word "per rwarded to the Chief I used os a buriol-transit novol, and in ony even		stoting the underlying couse lost.	DOL 10, OK AS A COM	SEGULINCE OF				
ote sh g the ed to 1 a bu		PART 2. OTHER SIGNIFICANT CONDITIONS	(c)	ATH RUT NOT PELATED	TO THE TERMINAL	DISEASE OR CONDITION	CIVEN IN DART 1/a)	
s certificate single si	_	4/34/	CONTRIBUTING TO DE	THE BOT NOT KEENTED	TO THE TERMINAL	DISEASE OR CONDITION	OIVER IN PART I(U)	
te, writin forward te used over removol,	CERTIFICATION	190. DATE OF OPERATION		DITION FOR WHICH OP	ERATION			20. AUTOPSY?
fe e	TIFIC		WAS	PERFORMED?				YES NO 🗍
The bee bee or			21b. TIME OF INJURY Mo	onth, Doy, Yeor	21c. HOW INJURY O	CCURRED (Enter noture	of injury in Port 1 or Port 2,	
INER: The certification of the	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. P.M.	19				
3 4 6 6	ME		OF INJURY (At home, foffice building, etc.)	orm, street,	21f. LOCATION Street	t or R.F.D. No.	City or Town	County State
XAM ge 4 your your crem		AT WORK NOT WHILE foctory,	office boilding, etc.)					
DEPUTY SICAL EX- scessary, pleose execut e function director. Pog moy be retoined for y FUNERAL DIRECTOR: P		22o. I certify that I took	horge of the remoi	ins described obov	e, held on Aut	opsy , Insi	pection , Inquiry [	ond in my opinion
e exector. Por Port of for ECTOR:	1	deoth resulted from: No	oturol couses, X,	Accident .	Suicide ,	Homicide .	Undetermined monne	r 🔲
leose directo stoinecto DIREC		16. A	and (Pro	papie	СН	IEF MEDICAL EXAMINE		
y, ple trol di e rett AL Di prior		SIGNATURE DODGET	N Worn	ar		SISTANT MEDICAL EXAM	miner -	TE SIGNED
essary, funeroll funeroll by be a JNERAL lith prid		EXAMINER'S 812 Toll	J. THOMAS,	M. D.		PUTY MEDICAL EXAMIN		n.1,1968
		NAME (Type) 012 1011	House Avenu	11704		DRESS(Street, city, tov		
るこれのまり	230.	BURIAL, CREMATION, Fredericate REMOVAL (Specify) Burial Jan	waryland 2	LINAMELOF CEMETER)	OR CREMATORY	23d.	LOCATION (City or Town)	(County) (Stote)
O.K			4, 1968 1	Mount Oliv	et Gemet	ery F	rederick Fred	derick Md.
VR A15MB(3)	24.		ale?	ADDRESS /2	delley	JAN KEG JANEG	5 1968	arles Judges
10M REV. 124		M. R. Etchisor	& Son, Fr	rederick.	Maryland	DATE	0	0 0

					98800
		SEVOU	د' ۱۰۰۰ و	. ANSWER	
			a solution for the le	talak büldi	
	i brece i l	1.0	•4 •		
- Adding the sound	Action of	Avenue	Joseph Both Both	263	sires at
<b>j</b> e 111 - 18	AL II	aphosomes	ile ree		5 m Lyro
12 3. 15	en En 12 ca	u b	م. <u>.</u>	on vall — an	الألأن
e de la company de la company					01
	Ven Er		Security		
X					
K					
*					
×					
×					
*					
			MAS. A. D.	ROBERT & THE	
			MAS. 41. D. s. av. us.	NOBECT S TO SIZ TOURS OF Frederick, that	

		0000	DIVISION				EPARTMENT STON STREET,			(LAND 2120	1			
FOR STATE		0083	3				CERTIFICA				M.	00	0892	
HEALTH DEPT.		EASED-NAME pe or Print)	First		Mido			ost		20. DATE KN	IOWN M	onth Doy		2b. HOUR
s b e s	(14)	pe of Filmi)	Willia	am	Henry	V	Crans	haw. S	Sr.	OF E DEATH M	ATED (	29	1968	4.9M
delay	3. SEX		4. RACE	S. DATE OF 81	RTH	6. AGE (In y	ears IF UNDER 1		UNDER 24 HRS.		NOUNCED DE	AD		2d. HOUR
and del		le	Negro	12-8-		43	YRS.			Month 1	29	/ Ye	19 68	4AM
	7o. Bli	RTHPLACE (Stote	or foreign 7	b. CITIZEN OF WI		8.	MARRIED NEV		_	OUNTY OF DEAT	Н			
0 g v	IO CIT	aryla Y OR TOWN OF	ad l	U.S.A.			JTION (If not in he	DIVORCED		Freder	cick	1200 100	ID OF BUSIN	Md.
death with				give	street oddress)			d	uring most	OCCUPATION (Kin of working life,		ed.) INDUSTR	ND OF BUSIN	
after de 8. Give Palang we with the leath.		reder SUAL RESIDENC	CK (Where deceose				emoria CITY OR TOWN		E CITY LIMITS?	13e. STREET A	ND NUMBER	Cor	stru	ctio
s after 18. Gi alang with death.		nission) STATE	Ma	13b. COUNTY			Freder	1 Ck YES	NO [			Stree	a to	
24 haurs after de in Item 18. Give firs office along with the is 1 and 2 with the is after death.	14. FAT	HER'S NAME	First	Middle		Lost		'S MAIDEN N			Middle		Lost	
4 5 0 00			ernard	NM	I Redi	nond		C	orde	lia	Ann		nshaw	
within 24 n pencil in Examiner's File pages 172 haurs		AS DECEASED EVE , no, or unknown	R IN U.S. ARMED FO	ORCES? ar or dates of service)	16b. SOCIAL SEC	URITY NO.	17. INFORMAN	T			ADDRESS ]	Freder	rick,	Md
with personal control of the p		res	WW	11			6 Viol	a M C	rans	haw ]]	L5 Ic			278.//
executed anding in Medical Experimit. Find within		18. CAUSE OF PART I. DE	<b>DEATH</b> (Enter only ATH WAS CAUSED	DV I	1		Do 1+ 5	20'0				BE	PPROXIMATE IN	IO OEATH
e execute 'pending' ef Medical nsit permit.	2	011:	7 IMMEDIAT	E CAUSE (o)	ougest		94001	Jul	uu					
d be executed "pending" i Chief Medical transit permit.		onditions, if or		DUE TO, UK	AS A CONSEQUE	PARO	Jan-	7 dam	7 14 C	2				
ould k		ise to immediatoring the und		DUE TO, OF	AS A CONSEQUE	NEE OF	0000	200.0		1				
2 5 1 2 2		ost.	)	40)		Sul	mona	ry	1m	berou	losi	0		
certificate sl., writing the farwarded to used as a bu maval, and is	Pi	ART 2. OTHER SI	GNIFICANT CONDIT	IONS CONTRIBUT	ING TO DEATH B	UT NOT RELA	TED TO THE TERMI	INAL DISEASE	OR CONDITI	ION GIVEN IN PA	ART I(o)			
certificate writing th rwarded t ssed as a	No -	0021	50.4710.1		Tret constrain									
	FICATI	90. DATE OF OP	ERATION		19b. CONDITION WAS PERFO		OPERATION					20	. AUTOPSY?	
T 0 0 T	CERTIFICATION	lo. EXTERNAL CA	AUSE WAS	21b. TIME OF	INJURY Month, D	ov. Yeor	21c. HOW INSU	RY OCCURRE	D (Enter not	ure of injury in	Port Lor Por	t 2 Item 18)	YES 🔀	NO 🗌
= = =	A I		CONTRIBUTING [	HOUR A.	M. M.	19		Occount	LE (EITHER HO)	ore or injury in	1011 1 01 101	1 2, 116111 10.,		
3 s fill	GW 2	ld. INJURY OCC	JRRED 21e. PI	ACE OF INJURY (	At home, form,		21f. LOCATION	Street or R.F.	D. No.	City or T	own	Count	у	Stote
		AT WORK AT		ory, office buildin	ig, etc.)									
ICAL EXA Execute tar. Page ed far yau CTOR: Pag burial, cre		22o. l c	ertify that I to	ok charge of t	he remoins de	escribed o	bove, held an	Autopsy	×, In	spection	, Inquir	у 🔲 , а	nd in my	opinion
ctor.		deoth res	Hted from;	Noturolyou	ses 🔀, A	ccident [	, Suicide [	, Hon	nicide 🗌	, Undeter	mined mor	nner 🗌		9 4 3
please e directar		ACTUAL	Palo VI	Min	min)			CHIEF MED	OCAL EXAMIN	NER				
ry, ple eral di be reth RAL D		SIGNATURE	ROBER	70 10	MAS, M.	D	M.D.		MEDICAL EX		22b.	DATE SIGNED	9 19	168
o DEPUTY necessary, p the funeral 5 may be r o FUNERAL Health pric		EXAMINER'S NAME (Type)	812 To	Il House	Avenue	υ.			EDICAL EXAM	own, or county)	Enod		,,,,,,	0
necessa the fun 5 may 10 FUNE Health	23n F	RURIAL CREMATI	on Frederi			WE OF CEME	TERY OR CREMATO			LOCATION (Cit	1 1 0 0.	erick (County	-	(e)
	Bu	REMOVAL (Specif	0	1-1968	E 17 C C C C C C	irvi				Freder		, ,	Md	-
3		JNERAL DIRECTO	R		and the second s	ADDRESS			REC'D BY RI	EGISTRAR	2Sb. REGIST	RAR'S SIGNATU	udan	
VR A15ME (5) 10M REV. 1/68	C	E.Hic	ks,111	Fred	erick.	Md		DATE	JAN 3	1 1968	1	arles	10	

Statut			# 1008 B. 11800
las cut un s	10,7000	(Congr.	acress I
	TO THE PARTY OF TH	E EN 1 2007-1-91	o _ u Lm
A Company		4 . 4 4	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
in one filmer	Timedal (Phr.)	an pipi salami i	2007.00
Legal pol	atted to a Contractor	ni salaanin	21201
an cannont Lebos Sammaran and	alfabro	interest participation	
and read to the d	III versione i altriv	9078-16-10	
	ALERT ALL SEC	Perfection Street	
		1	
		AT STUDY	
10 May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Ma Vibrat 21706 AM	
	tone and the		
		BU of trabula	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

Poge 4 moy be retained by the haspital or attending physicion.

VR A15 (4).

# 00894

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	Type ar print) Vivi	lan In	rene Darr	Last	Za. DATE OF DEA	a Metary Dog	23 Year 6	8 10:03 P
SE	Female	4. RACE Cauc.		S. DATE OF BIRTH	6.	AGE (In years genbirthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
a. I	BIRTHPLACE (Stote or foreign ntry)Maryland	76. CITIZEN OF WHAT U.S.A.		NEVER MARRIED DIVORCED	9. COUNTY OF DEA			Md.
	Brunswick	give st		Potomac during n		een if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
dm	issian) STATE Maryl	eceased lived, if institution and 13b. COUNTY F	n: Residence before 13c. CITY C rederick Bru	nswickyes N	10□ 3 Ea	AND NUMBER	omac S	treet
4. I	FATHER'S NAME First Ernest	Middle L.	Porter	Daisy J	First enkins	Middle		Last
	. WAS DECEASED EVER IN U.S. Yes, na, ar ynknown) (If yes	ARMED FORCES? give war or dates of service)		etty Lou Ca	avali <b>e</b> r,	Address Harper:		-
	1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	Alised RY.	e far (a), (b), and (c).)	bosis			BETWEEN O	mate interval conset and death mins.
	Canditians, if any, which go rise to immediate cause ( stating the underlying cau last.	DUE TO, OR AS (a), USE DUE TO, OR AS	A CONSEQUENCE OF  terioscleros  A CONSEQUENCE OF	is				yrs.
CATION	PART 2. OTHER SIGNIFICANT Hemipleg:	iconditions contribut	pertensive c ing to death but not related cerebral th th operation was performed	ro the terminal disease or rombosis an 20g. Autopsy?	condition given in ad Diabe	PART 1(a)  tes Mel  , WERE FINDINGS C	litus	yrs.  ERTIFYING
EDICAL CERTIF	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.M. P.M.	Manth Day Year	YES NO NO NOTION NO NOTION NOT	er nature af injury in	Part 1 ar Part 2,	Item 18.)	
2	at work at work		AT HOME, FARM, STREET, FACTORY.) 21f.  OFFICE BUILDING, ETC.				Caunty that	State (I) (SACE) last
	saw the decease causes stated ab	d alive an U	an 23 19 68, and the bady after	nd that in (mv).P(e)(%) an	pinion death accu	urred an the do	ate and haur	and fram the
	22b. SIGNATURE	Kh	O,M.J.	ATTENDING PHYS.	MED. ST DIRECTOR PH	TAFF D Z2c.	n. 24,	1968
	NAME (Type) C	T. Byron		Gum Spri				
	REMOVAL (Specify) Burial	T/26/68	Approce 1 112	Cemetery		sville	(County)	(State)
4	FUNERAL DIRECTOR	· · · Nou	Brunswick,		AN 29 19	2Sb. REGISTRAR'S	CONCON Y	mosels

10	eno				<b>₽</b> 0800 m
1 11/2	3 e este amunicado		( . (		
				. 10 10 10	, f
				4 4 9	moult entire all
	740				le Aspet Ha
No.	The serior carries	•	The state of the state of		F
	*				day.
27.1	· = · · · · · · · · · · · · · · · · · ·				
RALL		n Legalia	den in den in		
		na ina sa sa katana Ta ina sa sa katana	ore town.		
	null Tell socials				
	Jon. 23 Ct				
oe.	de imp		, s		
	, for the given ground the	Estata sapera		il more a	
*		,,,,,,,, .			· · · · · · · · · · · · · · · · · · ·

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

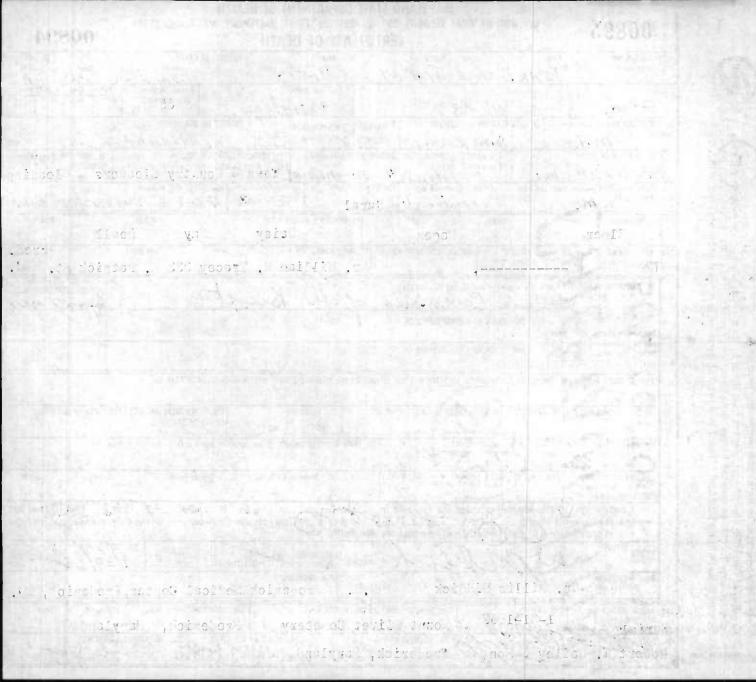
Page 4 may be retained by the haspital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00894

- 1				LIVIIIICA	IL OI DEATH							
		CEASED-NAME First Pop or print)		ey	DAVIS	2a. DATE OF DEATH  Manth  JAN.	Day Year	2b. HOUR				
Ì	3. SE)		4. RACE		DATE OF BIRTH 12/14/02	6. AGE (In years	AT MAINTE A MEAN OF A	NDER 24 HRS				
ł	2 -	INTURNACE IN	I at a serior and a serior and a serior	8. MARRIED		******************						
ł	ID. CI	md,	11. NAME OF HOSPITAL OR INS give street address)  FIRE Device of F	WIDOWED U	n hospital 12a. USUAL	FREderich OCCUPATION (Kind of work d	one 12b. KIND OF BUST	Md.				
	7	Rederick, m	give street address)  FREderale	11 me	morial Town	& Country Cle	eaners Cle	eaning				
	admis	usual residence (Where deceases	13b. COUNTY FRE derick	Rural	YES NO	X   13e. STREET AND NUMBER	winn Shop	Rond.				
	14. F	ATHER'S NAME First  Elmer	Middle Lost Hagen		NOTHER'S MAIDEN NAME First  Daisy	May Middle	Beall	ast				
	16a. Ye	WAS DECEASED EVER IN U.S. ARI	MED FORCES? war or dates of service)		William R.	Addre Tracey 333 E.		Fred.				
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  (b)  DUE TO, OR AS A CONSEQUENCE OF											
		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL DISEASE OR COM	NDITION GIVEN IN PART 1(a)						
	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PER	RFORMED	20a. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDIN CAUSES OF DEATH?	IGS CONSIDERED IN CERTIF	YING				
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIF  ☐ OR CONTRIBUTING ☐ CAUSE OF OEA  (If either, natify medical exami	ATH HOUR A.M. Manth Day Year	3 7	INJURY OCCURRED (Enter n	ature of injury in Part 1 ar Pa	rt 2, Item 18.)					
١		21d. INJURY OCCURRED 21e. While Nat while of work	B. PLACE OF INJURY ( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.				County	State				
		22a. I certify that (1) (the saw the deceased courses stated above	his hospital) attended the decease alive on	d fram 9 68, and t body after de	hori (my) (our) opini ath.	a, to Jan, 29 on deoth occurred on th	, 19 <u>64</u> , tha (1) e dote ond hour ond	(we) last from the				
		22b. SIGNATURE	Miland	DEGREE	ATTENDING MED PHYS. DIRI	STAFF PHYS.	1/29/6 8					
ı		22d. PHYSICIAN'S NAME (Type) Dr.			22e. ADDRESS							
		MAME (Type) D.C.	Willis Riddick	M.D.	Frederick	Medical Cente	r Frederick	Md				
	23a. Rı		DATE 23c. NAME OF C	CEMETERY OR CR	EMATORY	Medical Center 23d. LOCATION (City or Town) Frederick, M	(County) (S	Md				



MARYLAND STATE DEPARTMENT OF HEALTH 00896 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00895 CERTIFICATE OF DEATH DECEASED-NAME 2g. DATE OF DEATH SARAH Middle Last 2b. HOUR (Type or print) January Month 29 Day 1968 ELIZABETH DeLASHMUTT n 3. SEX 4. RACE S. DATE OF BIRTH IE LINDER 24 HRS 6. AGE (In years White Female November 13. 1887 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland Frederick. U.S.A. DIVORCED [ WIDOWED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR greederick Memorial Hosp. during mast of warking life, even if retired.) None KXXXXXX Frederick 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Maryland 13b. COUNTY Frederick Frederick YES 🔽 NO 🗌 129 West Third Street 14 FATHER'S NAME Middle Middle Last 1S. MOTHER'S MAIDEN NAME First Lost T. Emma Thomas Eward 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Mono, ar unknawn) (If yes give war or dates of service) 216-46-8724 Miss Alvida B. DeLashmutt 120 W. 3rd St. Md. 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO 🗆 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work

22a. I certify that (I) (this haspital) attended the deceased from 1963, ta 1963, ta 1964, that (I) (we) last saw the deceased alive an 1964, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death.

22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)

**ATTENDING** DEGREE PHYS. 22e. ADDRESS

STAFF PHYS. DIRECTOR .

22c. DATE SIGNED

(State)

23a. BURIAL, CREMATION, Bu REMOYAL (Specify)

24 TUNERAL DIRECTOR

23b. DATE 2-1-1968 23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

23d. LOCATION (City or Town) (County)

Frederick, Maryland ADDRESS 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Frederick. Marylandate

VR A15 (4) ~ 30M REV. 1/68

director, page 3 should be filed v

State Dept. of Health prior to

00

TO FUNERAL DIRECTOR: After this certificate

unerol 1 and 2

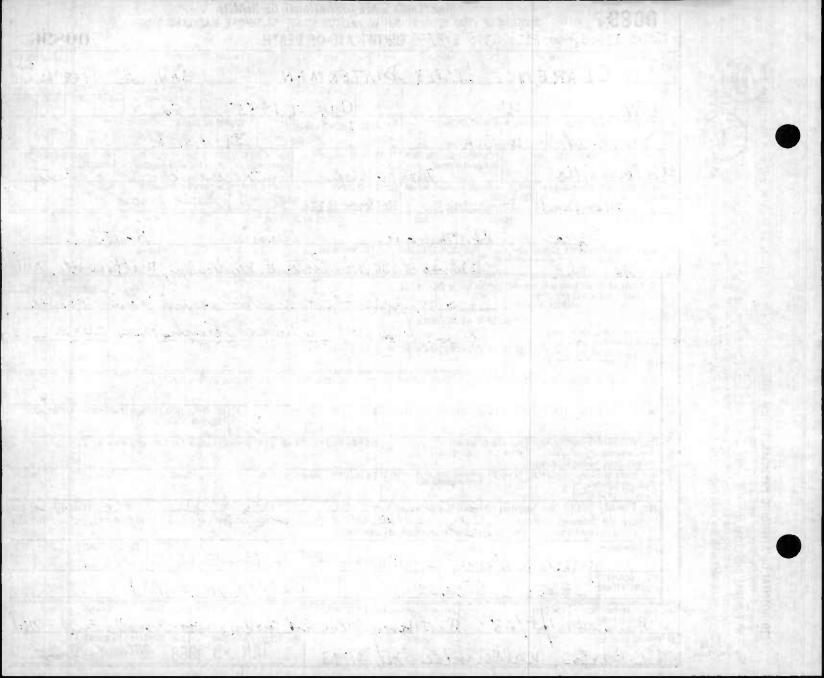
signed by the ottending physician ond completely filled in by the furburial-tronsit permit. Then pleose remove corbon popers. Pages 1 burial, cremation, or removal, ond in ony event, within 72 hours after

death.

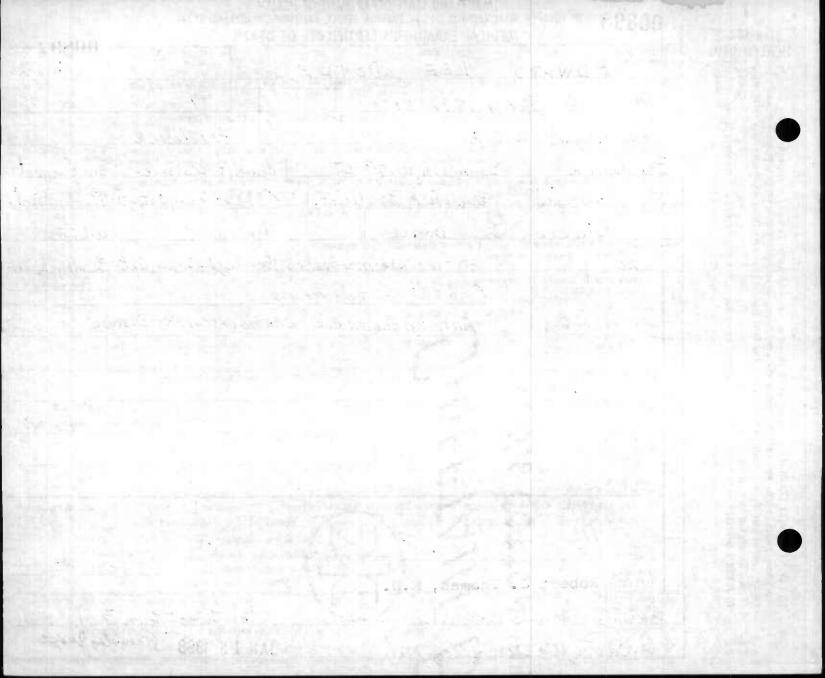
requires that the deoth certificate be executed within 24 hours after

Geran				10380
. 19	Frank ?	Tuest.ed.c.		6. 6.
	10, 10	m9• 6770	cala:	e un c
	olvence		ىاى	
5.00	0.0			olect. The same of
and the control of th	ioi	01700 07.	102-0-0-	· • / - 5 ; - 3 ;
	16.0	~ ·		, i
1 (2 2 3,	เป็นเรื่ามีเ	31,4. 20;	5° 4 - 2°	
sys.				relia. Li prei e

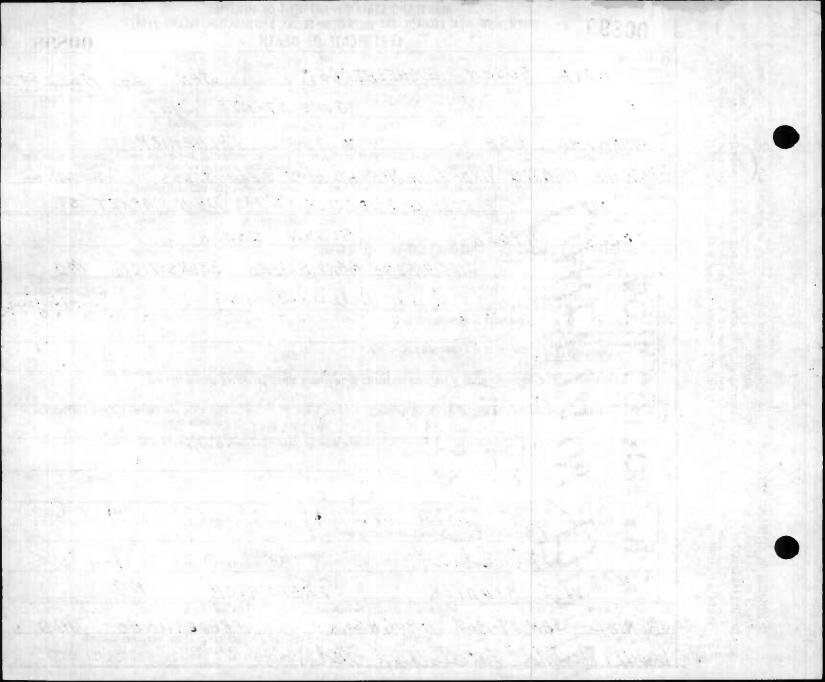
		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
4		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Item 13b,c,d& Film G396 1/8/68 CERTIFICATE OF DEATH  00896
death.	1. DE (T	CEASED-NAME First Middle Lost 2a. DATE OF DEATH  YPE OF PRINT DINTERMAN 2a. DATE OF DEATH  NAME NAME NAME NAME NAME NAME NAME NAM
th the P gas L ws after	3. SE	21 W Queg. 29 1885 Bay YRS. MONTHS DAYS HOURS MIN.
24 haur do 72 hour	cant	maryland U.S.A WIDOWED DIVORCED Frederick
ed within ;	u	11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of warking life, even if retired.)  12. USUAL OCCUPATION (Kind of wark dane during most of warking life, even if retired.)  12. KIND OF BUSINESS OR INDUSTRY  INDUSTRY  Auto
ond campletely remave carbain any event, will	admi	USUAL RESIDENCE (Where deceased lived, if institution: Residence before list. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER ssian). STATE Mayland 13b. COUNTY Walkersville YES NO Maple Avenue
he existence of the series of the angle of the series of t		ATHER'S NAME Prest Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost  Egra Deuterman Augus Bastian
rtificate b bhysician en please eval, and i		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, ocunknown) (If yes give war or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT  220-26-0-580 hw. Lester & Renterman Walkerwille, md
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages Posshould be filled with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)
that the in. by the a ansit pe		Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
quires obysicio igned igned l ourial-ti		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The law reading I has been see as the k	ATION	503.0 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
V: The ar atte has a ruse a salth pi	CERTIFICATION	YES NO (CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
rsicial aspital certifica hed fai	MEDICAL	OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City or Town County State
VG PHY the h er this detact		While Nat while at wark OFFICE BUILDING, ETC.
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transcription of the principle of the principle of the state Dept. af Health principle or the burial, creating the principle of the principle		22a. I certify that (I) (this haspital) attended the deceased from
OR AT be reta olikect olike olikect olike olikect olike olikect olike olikect		22b. SIGNATURE  ATTENDING  MED.  STAFF  22c. DATE SIGNED  1/3/68
SPITAL 4 may IERAL C ar, pag d be fill		22d. PHYSICIAN'S JAMES E. STONER OR WALKERSVILLE, Md.
Page 4	23a.	BURIAL, CREMATION, PRINCIPLE 133C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)  REMOVAL (Specify) Burial Factories Memoral Factories Foresonville Fred. Mo.
VR A\5 /4 30M REV.47/68	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  9. C. Barten walkersville and 21793 DATE JAN 8 1968 Charles June



_	MARYLAND STATE DEPARTMENT OF HEALTH
2	16893 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month Doy Year 2b. HOUR
200	(Type or Print) EDWARD LEE DOYLE JR. DEATH MATED 1 10 1968 23 AM
deloy i	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years 1 FUNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR
Christian	M W Mort, 4 1896 7/ YRS. MONTHS DAYS HOURS MIN. Manthy Days Year 1968 32 M
	70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   9. COUNTY OF DEATH
form or D	Country) Marusland U.S.A. WIDOWED DIVORCED Trederick Md
oth th th Star	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
24 hours ofter death ny in Item 18. Give Poges 1, 2, r's Office olong with form P ss lond 2 with the State Departs ofter death.	Frederick give street address) L. 7th, St during mast at working life, even if retired.) INDUSTRY
s ofter 18. Give 19. Clong 2 with death.	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
2 wilded	odmission) STATE maryland 13b. COUNTY Frederick Frederick YES INO [ 64 Janey apts. W. 7th St. Fred.
hours Item 18 Office office offer d	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME OF First Middle Lost
24 } n III s o s o s o s	Edward Lee Doyle Judia White
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Il yes give war or dates of service)  ADDRESS  ADDRESS
d within in pencil Examine File pogr	(Yes, no, or unknown) (Il yes give war or dates of service) 214-10-3236 mrs 20abel Doyle, 64 Janey Cots. Frederick ml
Pi i ii ii ii ii	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medicol E onsit permit. F event within	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (g)  CEREBRAL THROMBOSIS
exe andi Me T pe	HILA
pe "pe	Conditions, if any, which gave ) DUE TO, OR AS A CONSEQUENCE OF CARDID VASCULAR DISEASE
vord vord ne Ch	rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF
should be e ne word "per o the Chief I buriol-tronsit	$\frac{\log t}{\sqrt{2}}$
the the day to be and a day to be a day to	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
fico fing rde os os	1/1KEMIA
certili v writh orwar used mova	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
	196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTOPSY?  YES \( \sum \) NO \( \sum \)  21a. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.)
- P 0	
INER: The certification of the	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 12 to PLACE OF INJURY (At home form street 21f LOCATION Street or P.E.D. No. Gity or Town County State
	216. LOCATION SHEET OF TOTAL COUNTY STORY
EXAMINER: cute the cert age 4 should ryour files. Page 3 should trem to cremation.	WHILE NOT WHILE TOCTORY, Office building, etc.) AT WORK AT WORK
L E	22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion
ICAL E executor. Paged for CTOR: Burrial,	death resulted fram: Natural causes 🔀 , Accident 🔲 , Suicide 🗍 , Hamicide 🗍 Undetermined manner
pleose ey director. retained. DIRECTO or to bur	CHIEF MEDICAL EXAMINER
ry, pleoeral directal directal prior to	SCHAPTINE COURT () UBCLEAS ASSISTANT MEDICAL EXAMINED 22b. DATE SIGNED
SSORY, UNETA NERA IN PERA IN P	EXAMINER'S  DEPUTY MEDICAL EXAMINER   1-10-68
O DEPUTY SICAL EXAM necessory, pleose execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem	NAME (Type) Robert J. Thomas, M.D. ADDRESS(Street, city, town, or county)
5 まるるまり	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
N	Burial, Jan. 13 1968 Chapel sem. M. Libertestown Fred. md.
100	24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME (3)	G.C. Barton, Walkersville, md. DATE JAN 15 1968 Julianes July
1/	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00899 CERTIFICATE OF DEATH 00898 1 DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR (Type or print) SUSAN EICHELBERGER 24 hours after 3. SEX 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR 6. AGE (In years last birthday) MONTHS JUNE 27-1888 7a. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED country) WIDOWED M DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address)
VINDA BONA during most of working life, even if retired.) INDUSTRY SEAMSTRESS SEWING event, 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? ATTENDING PHYSICIAN: The law requires that the death certificate be executed admissian) STATE 13b. COUNTY YES X remave dny 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Last and in SUSAN SNOOK 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes. no. or unknown) (If yes give war or dates af service) burial, crematian, ar removal, BRUNSWICK 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF **OR ATTENDING PHYSICIAN:** The law requires the be retained by the haspital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) TO FUNERAL DIRECTOR: After this certificate has been pe aerached far use as the State Dept. of Health prior ta 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO F 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (Mithis hospital) ottended the deceased from 1967, to 1967, to 1968, that ((1)) (we) last saw the deceased alive an 1968, and that may (our) opinion death occurred on the dote and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. DEGREE directar, page shauld be filed PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) FREDERIC 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) (State) FREDERICK 24. EUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68



FOR STATE HEALTH DEPT. pop necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm—PM3. Page 5 may be retained for your files. 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Departm Health priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	MEDICAL	<b>EXAMINER'S C</b>	ERTIFICAT	E OF DEAT	'H	00899
IAME First Print) BRUCE	DONALD	Middle WAYNE	Lost GARI	ick	20. DATE KNOWN Month OF ESTI- DEATH MATED	Doy Yeor 2b. HOUR 4 1968 M
4. RACE White	S. DATE OF BIRTH August 1,	1949 18 (In years	MONTHS DAYS		2c. DATE PRONOUNCED DEAD	Year 19 68 M
E (Stote or foreign	England	WID OF HOSPITAL OR INSTITUTION	OWED D	IVORCED 120. USUA	Frederick OCCUPATION (Kind of work done	Mc 12b. KIND OF BUSINESS OR INDUSTRY
		Residence before 13c. CIT		13d. INSIDE CITY LIMITS	? 13e. STREET AND NUMBER	
IAME First	Middle	Lost	IS. MOTHER'S A	MAIDEN NAME F	irst Middle	Lost
Wallace				Marie	S.	Germain
				eral Hon		APPROXIMATE INTERVAL
the underlying couse	(c) (c)	CONSEQUENCE OF  D DEATH BUT NOT RELATED  CONDITION FOR WHICH OP	TO THE TERMINA			20. AUTOPSY?
OF DEATH		Y Month, Doy, Yeor	21c. HOW INJURY	OCCURRED (Enter	noture of injury in fort 1 or Port 2, 1	YES NO <b>X</b>
	ctory, office building, etc	.)	21f. LOCATION Stre	et or R.F.D. No.	Freder	County Stote
2a. I certify that I to		mains described abov	ve, held an Au Suicide	rtapsy, Hamicide [	Inspection Inquiry Undetermined manner	, and in my apinian
	4. RACE White E (Stote or foreign da DWN OF DEATH  15 ESIDENCE (Where deceor CTATE AND HISTORY WALLACE ASED EVER IN U.S. ARMED UNKNOWN) UITY SAME JUNE OF DEATH (Enter on IRT I. DEATH WAS CAUSE IMMEDIA INS, if ony, which gove mmediate couse (a). The underlying couse OTHER SIGNIFICANT COND THE OF OPERATION  ENAL CAUSE WAS TOR CONTRIBUTING [A) F DEATH URY OCCURRED AT WORK AT WORK  AT WORK  TO WHITE AT WORK  TO THE STORY  TO THE STORY	4. RACE White August 1,  E (Stote or foreign  da England  OWN OF DEATH  11. NAME OF GIVE STIDENCE (Where deceosed lived, if institution: CTATE OWN OF DEATH  13b. COUNTY  IAME First Middle  Wallace  ASED EVER IN U.S. ARMED FORCES? Unknown)  UIT 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  THE Underlying couse  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  THE OF OPERATION  IPD.  ENAL CAUSE WAS OF DEATH INVOCCUERED OF OPERATION  19b.  TO CONTRIBUTING TO  TO COULERED ON THE CONTRIBUTING TO  TO CONTRIBUTING TO  TO COULERED ON THE CONTRIBUTING TO  TO CONTRIBUTING TO  TO COULERED ON THE CONTRIBUTING TO  TO COULERED ON THE CONTRIBUTING TO  TO	4. RACE White August 1,1949  Fe (Stote or foreign August 1,1949  To. CITIZEN OF WHAT COUNTRY?  England  WILE  WILE  WIND OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION  Give street oddress  FOULE 15  ESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITICATE  CIATE  I3b. COUNTY  IAME  First  Middle  Lost  Wallace  Garlick  ASED EVER IN U.S. ARMED FORCES?  Unknown)  (If yes give war or dotes of service)  UNET 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  DUE TO, OR AS A CONSEQUENCE OF  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED  TO CONTRIBUTING  TO COUNTRIBUTING  PLACE OF INJURY Month, Doy, Yeor  HOME A.M.  19  CENNAL CAUSE WAS  CONTRIBUTING  TO FOR CONTRIBUTING  TO COURRED  AT WORK  AT WORK  TO THE STORM THE CONTRIBUTING TO DEATH BUT NOT RELATED  TO COURRED  TO FINJURY Month, Doy, Yeor  HOME A.M.  19  21b. TIME OF INJURY Month, Doy, Yeor  HOME A.M.  19  19  19  19  19  19  19  19  19  1	4. RACE White August 1,1949 16 AGE (In years MONTHS OAYS  E (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER IN COUNTY 9. MARRIED NEVER IN CO	4. RACE  White  August 1,1949  By PRS  By Brithday  By Middle	4. RACE   White   S. DATE OF BIRTH   August 1,1919   180

VR A15ME [5] 10M REV. 1/68

00809				Woeld .
	you.	ULAD SETERAT	GALLOG	and the
		Ú.L	RAPA (Langua	elaic ela
	iolioberi		ostil je	返告しまれ!
	$R_{W^{0}}$ . $D(G^{0})$		Zi eduoi	Poulse 15
	odnosou x	00.10%.		at and U_
	oing	110	. Ti	soallau
, derges	eral kare, toronto	ar acoc		0
				to the state of
		0 0 6		1003
San Whats	COSTAGE .	The commendation	المالي ولايا ولايا ولايا و	28.7
	800 6 444	original exc	trabad., no s	1100 1108

DIVI

					4.6	DEI MI		V	C. Tani		
SION	OF	VITAL	RECORDS,	301 \	N. P	PRESTON	STREET,	BALTI	MORE,	MARYLAND	2120
				CFRT	IFI	CATE C	F DEA	HTA			

00901 00900 DECEASED-NAME Middle First Lost 2o. DATE OF DEATH 2b. HOUR (Type or print) CARRIE E. GAVER Januaru 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX IF LINDER 1 YEAR HOURS white Oct. 26, 1882 female 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) Md. U.S.A. Frederick WIDOWED X DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life reven if retired.) INDUSTRY Main St. Mt. Airy 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 3e. STREET AND NUMBER 13b. COMPrederick odmission) STATE Md. Mt. Airy YES-K S.MainSt. 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Lost Charles W. Amanda E. Wiseman Johnson 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no or unknown) (If yes give war or dates of service) 220-44-9168 Mrs. Leona Pickett. Westminster, Md J1

	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A CUTE COVE	OMAY	y Thrombo	sis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  The May of 12 fg								
	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF UE TO, OR AS A CONSEQUENCE OF (c)	- 1			15 years								
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)												
N	4201												
CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORM	ED	20a. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING								
MEDICAL CER	21b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)  21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW	INJURY OCCURRED (Enter notu	re of injury in Port 1 or Port 2	2, Item 18.)								
	21d. INJURY OCCURRED While Of Work Arm, STREET, FACTORY.)	21f. LOCA	TION Street or R.F.D. No.	City or Town	County Stote								

220. I certify that (1) (this hospital) attended the deceased from 244, 1950, to 420, 1968, that (1) (we) last sow the deceased alive on 1968, and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the body after death.

23b. DATE

ATTENDING PHYS. 22e. ADDRESS

MED. DIRECTOR So Main St.

22c. DATE SIGNED STAFF PHYS.

23o. BURIAL, CREMATION BEMOYAL (Aptrify)

22b. SIGNATURE

22d. PHYSICIAN'S

NAME (Type)

Jan. 21, 1968

23c. NAME OF CEMETERY OR CREMATORY Pine Grove

2So. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

(Stote) (County)

24. FUNERAL DIRECTOR

C.M.Waltz, Box241, Sykesville, Md.

JAN 23 1968

2Sb. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundirector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 should be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay's after **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta

death

00900				manual and Salvagar
	28. 100.21	MY A		
			B. 12 Land	
			*****	
9.66			new Better	, age
	die Project P		io ir daevin	
•	<u> </u>	1	To the state of	0.
A delegation	1 W 100			
				Property California
				V.
(1)				
	vile .	SVCC	1,1966 Pine	. ze i Dinestin
	4 6 8 W	AL COLOR	er, er eritte,	

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

			CERTIFICATE OF BEATTI
# 2 #			CEASED-NAME Pirst Middle Lost 2a. DATE OF DEATH Manth Day 2 Year 2 1.30
deort			1104 Lee Green van dr 60 1/2
b he to		3. SE	4. RACE  S. DATE OF BIRTH  6. AGE (In yeors legist pirthday)  WONTHS DAYS HOURS MIN  YRS.  YRS.
200		7o. B	IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
72 E		Pt	of Rocks U. S. A.   WIDOWED   DIVORCED   Frederick
oletely (ille corbon pa	64	10. C	TY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120. USUAL OCCUPATION (Kind of work done give street address)  12b. KIND OF BUSINESS OR INDUSTRY  INDUSTRY  INDUSTRY
	10	13o. odmi:	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before sisson) STATE 13b, COUNTY 13b,
and compremove			ATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost
n and e rem	- 1		John Green, See Daisy McCutcheon
physicion ( nen please noval, ond ii		16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
shys on p		,	(If yes give war or doles of service) 218 24 8802 Mrs. Helen Green, Point of Rocks, Maryland
ottending phy permit. Then ion, or removal			18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), one (c).
that the death certificate be executed an.  by the ottending physicion and comple ransit permit. Then please remove concremation, or removal, and in any event			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Congestive deart Failure & olivate
off off per ion,			THE TO, OR AS A TONSEQUENCE OF 10 OF 1
the sit			Conditions, if ony, which gove nise to immediate cause (o), (b) Vencardial Vytuarn, Fubruopurulent
by trar			stating the underlying couse Due 10, OR AS A CONSEQUENCE OF
physician. signed by the buriol, cremai		10	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
		91	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAMBED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
tending ss been as the prior to		NOIL	19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	1	CERTIFICATION	YES NO (CAUSES OF DEATH? YES
ol or of icate h for use Heolth	19		21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)
pital rtific of H		MEDICAL	Or Contributing Cause of Death HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 19
by the hosp ifter this cel be detache Stote Dept.		ME	21d. INJURY OCCURRED While Not work OFFICE BUILDING, ETC.  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote of work of wore
frer frer be d			22a. I certify that (1) (this haspital) attended the deceased from 22, 1960, ta 20, 1968, that (1) (we) lo
o d P			saw the deceased alive an
ed ed ed			226-SHOTTATURE DEGREE PHYS. ATTENDING MED. STAFF 1/28/68
AI AI	1		22d. PHYSICIAN'S NAME (Type) Henry V. Chase 80 4 Toll House Ave Frederick M
O HOSPI Page 4 m O FUNER director, should b	2	230.	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5g 5 p 2	de		Buria Pecify Feb. 1,1968 St. Paul's Cemetery Point of Rocks, Maryland
VR A15 (4	1	24.	FUNERAL DIRECTOR downly MADRESS Fadeley 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
30M REV. 1	/68 -/		M. R. Etchison & Son, Frederick, Maryland DATE FEB 2 1968 filler Judge

A STATE OF THE STA	State of the				hann -
THROU					
		THE PROPERTY OF			
A STATE OF THE STA					
76					V 10
		MARKET IN COLUMN			149/
		Land Brown			
[63,22					OE TO ST
Complete and still a complete a figure to					
LETT VALUE - 14 TOP MINE		die of a co	a state of the		re spings
With drive ridge (i) or more state (ii) or investigated reference in the state of t			- 110A 3 3753	38.	13.15.11
. He mico ic . Almien	3	2001 10 .00			
· e muo il · / imani	X	THE STATE OF	2010 2 2		A CONTRACTOR
modern of	TILL		one of		rrici,
					MOD
The office of the	6:10,000	7.1915 • 1.101 9.001	A second		
THE RESERVE OF THE PARTY OF THE			201000000000000000000000000000000000000		
	E BEST				
			S SAME AND THE		
pre-planting to the state of th	CENTRAL THREE				
	Contract of				
A COLUMN TO THE PARTY OF THE PA					
	THE COMPANY OF THE PARTY OF THE				
			483000	NUMBER OF	THEFT
	30 TO 190				011111111111111111111111111111111111111
Charles Company	The state of the		Sel Barry	1 CT 2	
			a slave		
in of work,		371000000000000000000000000000000000000	de de la g	A US	
			N. 1884-1.		MILE DOWN NO
		4	The state of the s	newletnes.	
		641.7			

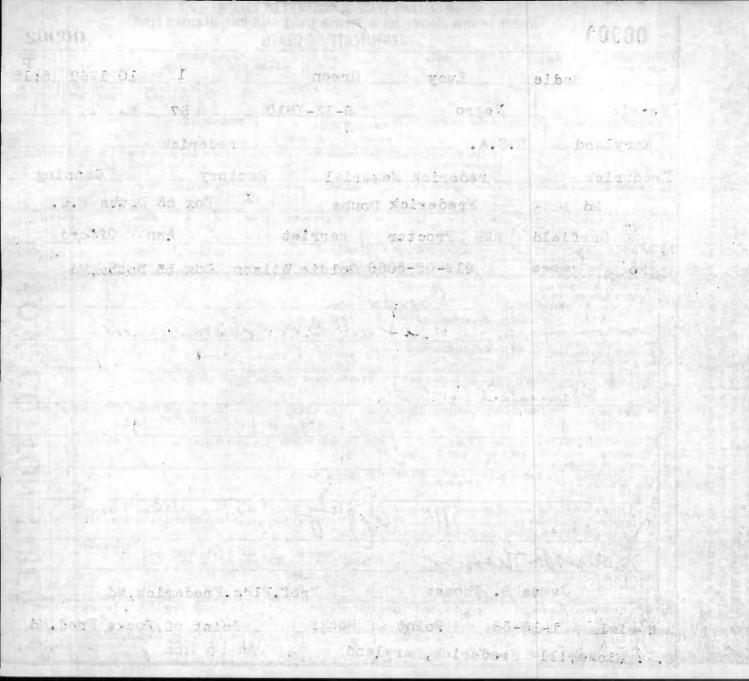
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	,	~	_	•					•	 •			-		_		
	(	F	1	21	F	16	1	1	T	n	F	n	E	Δ	T	Н	

00902

1 0	ECEASED-NAME First	Middle		Lost	20. DATE OF DEATH		1 2 1		
	Type or print)				20. DATE OF DEATH	Dox	Yeor 2b. I		
2 6	Sadi			Green	1/ 105 (1-	10	1968 5:		
3. S		4. RACE		S. DATE OF BIRTH	6. AGE (In	ndoy) MONT			
	emale	Negro	La	8-13-1910	57	YRS.			
70. cou	BIRTHPLACE (State or foreign ntry)	7b. CITIZEN OF WHAT COUNTRY?		ED 🔀 NEVER MARRIED 🗌	9. COUNTY OF DEATH				
	Maryland	U.S.A.	WIDOWE		Frederick				
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL give street oddress)	L OR INSTITUTION (	If not in hospitol 120. USL	JAL OCCUPATION (Kind of w most of working life, even i	ork done	2b. KIND OF BUSINESS NDUSTRY		
F	rederick	Frederic	k Memo	risl F	actory		Canning		
13o.	USUAL RESIDENCE (Where deceos	ed lived, if institution: Residence b		VEC -	10				
	Md	Frede	rick Do	ouos –	DUA DO	3 Doubs			
14.	FATHER'S NAME First	***************************************	Lost	15. MOTHER'S MAIDEN NAME		Middle	Lost		
	Garfiel		ctor	Harriet	Aı		fford		
	WAS DECEASED EVER IN U.S. ARA	or or dates of sequent		7. INFORMANT		Address			
	Yes, no or unknown) (If yes give w			Goldie Wil:	son Box 5	5 Doub	APPROXIMATE INTERV		
	1B. CAUSE OF DEATH (Enter on	ly one couse per line for (o),	ond (c).)				BETWEEN ONSET AND D		
	PART 1. DEATH WAS CAUSED	ATE CAUSE (o)	noryen	ra					
	485x	DUE TO, OR AS A CONSEQUEN	ICE OF	OB	0				
	Conditions, if ony, which gove ) rise to immediate couse (a),	(b) 2	Later	of baron	chopre	mm	a		
	stoting the underlying couse	DUE TO, OR AS A CONSEQUEN	NCE OF						
	last! 49/X	(c)							
-	PART 2. OTHER SIGNIFICANT COM	NOITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART	l(o)			
NO	when	malcid ("not	nills			SHIPHIOS SOLICIO			
S	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
CERTIFI	D) ACCIDENT WAS UNDERLYIN	10	To.	YES NO		0	101		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT			HOW INJURY OCCURRED (Ent	ter noture of injury in Port I	or Port 2, Item	18.)		
MEDICAL	(If either, notify medical examination	ner) P.M.	19			7.7			
2	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY ( AT HOME, FARM, ST OFFICE BUILDING, E	ETC. 21f.	LOCATION Street or R.F.D. N	o. City or Town	Co	ounty S		
	of work of work			1.0	10° 10 111	<b>A</b> 10 c =			
	220. I certify that (I) (the sow the deceased o	is hospital) attended the de	eceased from	and that in (my) (our) ar	pinion death occurred	on the dote o	that (I) (w		
	causes stated abave	e, (I) (we) (did) (did not) viev	w the bady after	er death.	omion deam occorred	on the gole o	ma moor and mo		
	22b SICNATURE	2-1			MED CTACE	22c. DATE	SIGNED		
	xames !	J. Mones	D	EGREE PHYS.	MED. STAFF PHYS.		100		
	22d PHYSICIAN'S NAME (Type)	V		22e. ADDRESS			Salta to 1		
	NAME (Type) Jan	nes B. Thomas		Prof.B	ldg.Freder				
230	BURIAL, CREMATION, 23b.		ME OF CEMETERY		23d. LOCATION (City or	Town) * (C	ounty) (Stote		
			int Of		Point of	Rocks	Fred . Mc		
	FUNERAL DIRECTOR		DDRESS		BY REGISTRAR 25b	REGISTRAP'S SIGN	NATURE Que		
C	.E. Hicks, 11:	l Frederick,	Maryla	na DATE J	IAN 15 1968		00		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and 2 should be diled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat

Page 4 may be retained by the haspital ar attending physician.

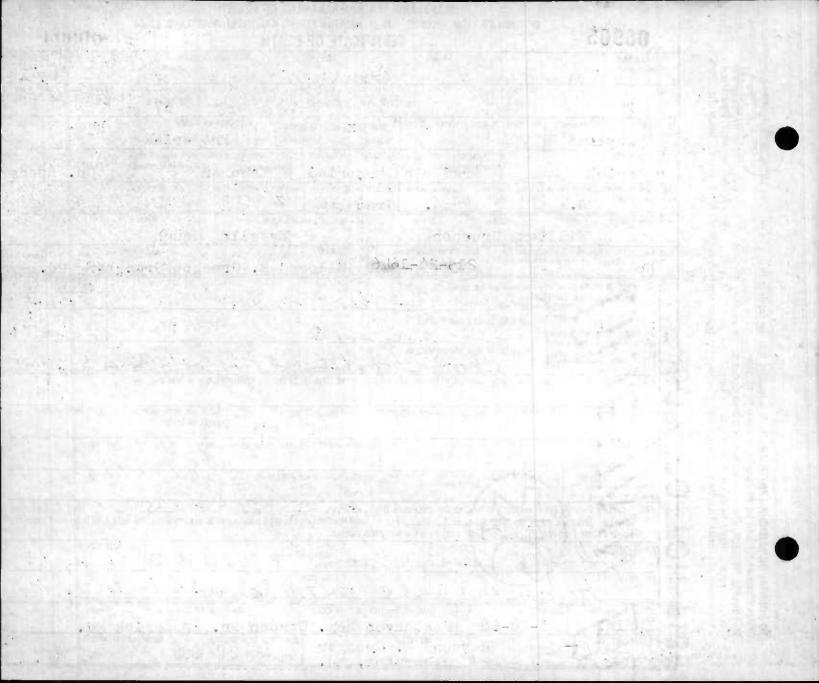
### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

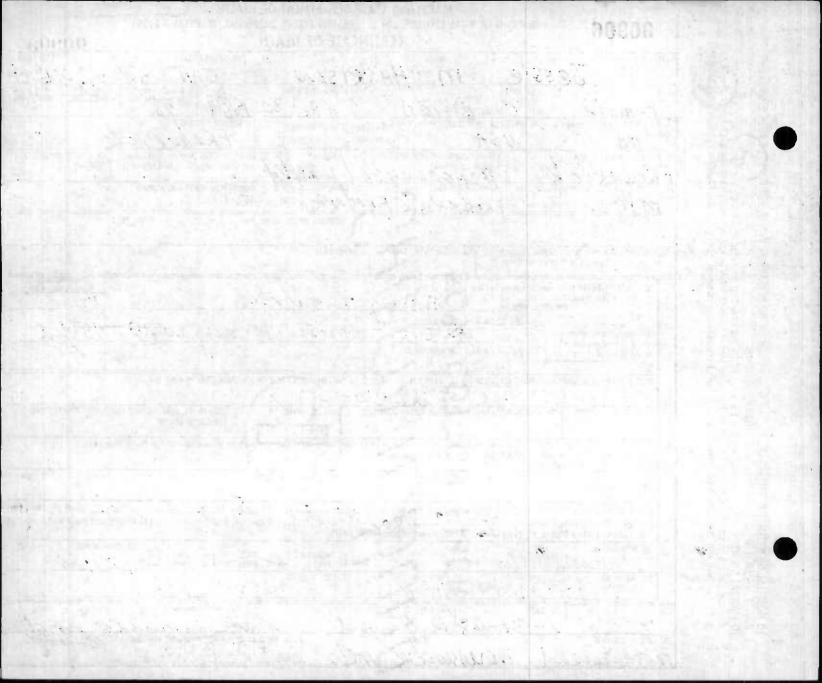
1				CEKTIFICA	ALE OF DEATH		00303
		CEASED-NAME Fire	st Middle		Last	2a. DATE OF DEATH	2b. HOU
	(1,	(pe ar print) ANN	A KATHERINE	6	ROFF	JANUARY 3	Y Yegr 68 734
1	3. SE		4. RACE	5	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 H
	f	emale	white		7/28/188	last birthday) 70 YRS.	MONTHS DAYS HOURS A
1	70. B	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH	
I	canu	Md.	U.S.A.	WIDOWED		Frederick	
		rederick	11. NAME OF HOSPITAL OR	Memori	al Hospital 12a. US	UAL OCCUPATION (Kind of work done most of working life, even if retired.) Saleslady	12b. KIND OF BUSINESS OF INDUSTRY Sto
	13o. admi:	USUAL RESIDENCE (Where dece	ased lived, if institution: Residence befor	re 13c. CITY OR 1	town 13d INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	
1	14. F	ATHER'S NAME First	Middle Lost		MOTHER'S MAIDEN NAME		Lost
1		David	Grof			rine	Shafer
1	16a.	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECURIT	TY NO. 17. IN	FORMANT	Address	
	Y	es, no, or unknown) (If yes giv	e war or dates of service)	Amo	s Holter.	Middletown, M	d.
		18. CAUSE OF DEATH (Enter	anly one cause per line far (a), (b), and (				APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
			SED BY: DIATE CAUSE (a) URIN		ACT INFRO	TION	DETAILED GRAET AND DEA
		1541	DUE TO, OR AS A CONSEQUENCE (				
		Conditions, if any, which gave			VOMA OF	RECTUM	5 yvs
		nise ta immediate cause (o)	//		VOPPAT CI	7,4,	100
4		stating the underlying cause lost.	(c)				
1		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART 1(0)	
	7	154 x					
/	CERTIFICATION	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
d	ERTIF	21a. ACCIDENT WAS UNDERLY	ANC LOU THE OF WHILE	las uo	YES NO [		h 10 \
	MEDICAL C	DR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. Month Day Ye	eor	א ואטעז טכנטאאנט (נה	ter nature af injury in Port 1 or Part 2,	item 18.)
	MED	(If either, natify medical example 21d, INJURY OCCURRED 21	le. PLACE OF INJURY (AT HOME, FARM, STREET, DEFICE BUILDING, ETC.	19   FACTORY.) 21f. LOC	ATION Street or R.F.D. N	lo. City ar Tawn	County Sta
		While Not while at work	DFFICE BUILDING, ETC.				
3		220. I certify that (1)	this hospital) attended the deced	osed from	1/30 ,19	68, to 1/31 19	68 , thot (I) (we
		sow the deceased	olive on 1131	19 6 X ond	that in (my) (our) a	pinion deoth occurred on the d	ote and hour and from
			ve, (I) (we) (did) (did not) view th	ie body ofter d	eoth.		
		22b. SIGNATURE	$\rho$ $\rho$		ATTENDING	AIFD CTAFF	DATE SIGNED
		Kuha	rel C. Keynold,	M. DEGRE	E PHYS.	DIRECTOR PHYS.	1/31/68
		22d. PHYSICIAN'S NAME (Type) Dr • ]	Richard C. Reyn	olde	22e. ADDRESS Frederic	k Md	
	23a.	DEMOVAL (Caracita)		OF CEMETERY OR C		23d. LOCATION (City or Town)	(County) (Stote)
	n.t	REMOVAL (Specify) DIPTIAL FUNERAL DIRECTOR	/3/68 Ref		Cemetery	Middletown, F BY REGISTRAR 25b. REGISTRAR	rea. Ma.
					DATEFE	B 5 1968 SCL	enley Judges
)	U.	TAGITTT COM	pany, Middletow	II, Ma.	DATE L	0 000 1	was house

tormo			*650T
		W 5-40	
	is needed to the production of		
10 1000	traffragilyali ole it i d		of the same
*			9
	Well-time Time town		
Jaka 1	THE RESERVE TO SELECT AND ADDRESS OF THE PARTY.	THE RESERVE OF THE STATE OF	
4		v	
		AV.	
	and the second second second		
ne de la			ueu di Alba M

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00905 CERTIFICATE OF DEATH 00904 DECEASED-NAME Middle First 2a. DATE OF DEATH Manth Jon Day 26 (Type or print) 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS last birthday) HOURS ve carban papers. Pages event, within 72 haurs af 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) Maryland med in USA Frederick WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during-most of working life, even if retired.) has been signed by the attending physician and completely for se as the burial-transit permit. Then please remave carban Frederick Memorial Roads law requires that the death certificate be executed wi 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES X NO Md. Fred Graceham and in any 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle William Grushon Estella Gaugh 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes na ar unknawn) (If yes give war ar dates of service) 215-26-1646 Mildred B. Grushon Graceham 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise to immediate cause (a). DUE TO, OR AS, A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO 7 YES 🗌 Page 4 may be retained by the haspital ar IO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (Enter nature of injury in Part 1 or Part 2, Item 18.) 21c. HOW INJURY OCCURRED for OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year af (If either, natify medical examiner) P.M. detached ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 23 \_. 196 d. to Jun saw the deceased alive an 35 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the should causes stated abave (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. director, page 3 shauld be filed v 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23a. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BEND YAT ROSCITY 1-28-68 Resthaven Mem. Garden Nr. Frederick FUNERAL DIRECTOR Raymond Ess. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 Thurmont.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00906 CERTIFICATE OF DEATH 20. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME Middle haurs after death (Type or print) P.SSIE 6. AGE (In years IF UNDER 1 3. SEX last birthery MONTHS DAYS 30 9. COUNTY OF DEATH COUNTRY? B. MARRIED NEVER MARRIED 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF country) DIVORCED [ WIDOWED S OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 12a. USUAL OCCUPATION (Kind of wark done 12b, KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital street address ring most of working life, even if retired.) INDUSTRY camplete 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 30. USUAL RESIDENCE (Where deceased lived, if institution: Residence before, 13c. CITY OR TOWN and in any Middle 14. FATHER'S NAME First Lost MOTHER'S MAIDEN NAME First pup 16b SOCIAL SECURITY NO 17 INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no, or unknown) ar remaval, APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o burial crematian. Conditions, if any, which gave signed by the burial-transit rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) State Dept. af Health prior ta as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? YES 🗀 NO T use O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at work 19 (0X, ta\_ 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 19 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did nat) view the bady after death. be filed with the 22c/DATE SIGNED 22b. SIGNAFUR STAFF PHYS. ATTENDING DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) directar, shauld be 23d. LOCATION (City or Town) (State) NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION 23b. DATE REMOVAL (Specify) 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV, 1/68 DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00906

00907 CERTIFICATE OF DEATH 20. DATE OF DEATH First Middle DECEASED-NAME 2b. HOUR (Type or print) Mae DOROTHY JANUARY HOLTER 3. SFX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years White June21,1898 Female 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED THE NEVER MARRIED THE countMaryland Frederick U.S.A. carban papers WIDOWED | DIVORCED [ ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done prospected working life for year if retired.) signed by the attending physician and campletely filled burial-transit permit. Then please remave carban pap burial, crematian, ar removal, and in any event, within 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Frederick Home 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE odmission) SIMERYLAND 13b.FOPWEYDERICK Middletown YESE 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b.FOWEderick 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Lost Ella John Thomas Derr Mae Derr 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Middletown, Md. Oscar W. Holter Yes ( or unknown) 214-42-6949 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

CEREBRA CEREBRAL HEMORRHAGE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) DISEASE (b) HYPERTENSIVE ARTERIOSCLERUTIC CARDIOVASCULAR. rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been etached for use as the Dept. af Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO F YES 🗍 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while ot work 22a. I certify that (1) (this haspital) attended the deceased from 12 11, 1967, ta 1111, 1968, that (1) (we) last care the deceased alive on 110 8, and that in(my) (aur) apinian death accurred an the date and haur and from the director, page 3 should causes stated abave((1) (we)(did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR Clymolds DEGREE 220. ADDRESS Frederick, Maryland 22d. PHYSICIAN'S Richard C. Reynolds M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY Reform Cemetery 230. BURIAL, CREMATION, 23b. DATE Dec. 14, 1968 23d LOCATION (City or Town) Middletown Fred. ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE illiarles Judges Middletown, Md. Gladhill Co. 16

39000	ALEMENT TO GRAPH MARKET TO THE CONTROL OF THE CONTR	A CONTRACTOR OF THE STATE OF TH	0000
		56.41	
	Company Page 1 to a		
		ya da sada sa sa	and the same
			THE REAL PROPERTY.
Late america	UUT THE DOT . TO SHEET	nacius III)	
no fluir			
	Elli O Languaga	40 A 200 A 1 A 2	

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the faneral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. at Health prior ta burial, crematian, ar remaval, and in any event, within 72 haurs after deal

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00907

70 00 10	SEX Female  D. BIRTHPLACE (State or foreign ountry) Maryland  D. CITY OR TOWN OF DEATH	4. RACE White 7b. CITIZEN OF WHAT COUNTRY? U. S.	S. DATE OF BIRTH October  B. MARRIED NEVER MARRIED	19, 1891	Manth Do January  6. AGE (In years last birthday)  76 YRS.	1, 1968  IF UNDER 1 YEAR  MONTHS DAYS	2:56F IF UNDER 24 HRS. HOURS MIN
10	o. BIRTHPLACE (State or foreign ountry)  Maryland	7b. CITIZEN OF WHAT COUNTRY?		27, 2072			
13	D. CITY OR TOWN OF DEATH		WIDOWED DIVORCED		OF DEATH Frederick		M
ad	Frederick		Fellows Home	Nurse's	ON (Kind of work done ng life, even if retired.) <b>Aid</b>	12b. KIND OF E INDUSTRY MO Fellows	J. Odd 5 Home
1	3a. USUAL RESIDENCE (Where deceas dmission) STATEMaryland	ed lived, if institution: Residence befare 13b. COUNTY Frederick	13c. CITY OR TOWN 13d. IN Charlesvill PYES		street and number oute #3		
14	4. FATHER'S NAME First William	Middle Last Hamilton Holtz	IS. MOTHER'S MAIDEN		Middle Blizabeth Ar	ngleberg	Last er
1	6a. WAS DECEASED EVER IN U.S. ARM Yes, na, ar unknawn) (If yes give w	MED FORCES? or or dates of service) 16b. SOCIAL SECURITY 1213-24-81		ellows Hou	Address ne, Frederic		21701
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	y one couse per line for (a), (b), and (c).  BY:  TE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  IDITIONS CONTRIBUTING TO DEATH BUT N	al arterio -	Scleris  EASE OR CONDITION G	IVEN IN PART 1(a)		NSET AND DEATH  ORS  ORS  ORS  ORS  ORS  ORS  ORS  OR
	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?		. IF YES, WERE FINDINGS ISES OF DEATH?	CONSIDERED IN CE	RTIFYING
	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Manth Day Year	21c. HOW INJURY OCCURRE	D (Enter nature of i	njury in Part 1 ar Part 2,	Item 1B.)	
1	21d. INJURY OCCURRED 21e. While Not while at wark	PLACE OF INJURY ( AT HOME, FARM, STRFET, FAIL OFFICE BUILDING, ETC.	CTORY,) 21f. LOCATION Street or	R.F.D. Na.	City or Town	County	State
	22a. I certify that (I) (the saw the deceased a causes stated above	is haspital) attended the decease live anl e, (I) (we),(did) (did nat) view the	ed from	_, 19 <u>@</u> /_, ta_ our) opinion deap	k accurred an the d	ate ond hour o	(I) (we) last and from th
	22b. SIGNATURE SCRNASA	O. Humos	DEGREE PHYS.	AMED -	220	DATE SIGNED  2 Jan 19	
	22d. PHYSICIAN'S NAME (Type) Berna:	rd O. Thomas Jr.,			., Frederi	ck, Md.	21701
L			cemetery or crematory ed Cemetery		ATION (City or Town)  Clesville,  2 Sb. REGISTRAR		(State) k Md.

curial : 1/13/65

M. M. Stenison Son, recerick, c., 21701

Charles, itte, Maries 10:

	January	N3 1 C	Fay	
	76 76	· i genicado	er idd	Remaie
	ວໄກ ເປດຕາໄດ	X Harman Law	U. 5.	laryiand
in the single	Din atoriu		bas braight.	Proderick
	X orte	Charlesville	Rotation of the Rotation of th	boslyted
ro indatan	Annie Llizabeth		oilron Holtz	william Ha
ick, .0. 11701	ions Hone, Preser	so we de roll	213-2413	Wo less a less and with
	,	i de la companya de l		
	Y			
			A series of the	
and not, si		Z See Common and the		The second by the second

פונסצר פון לפותמונים

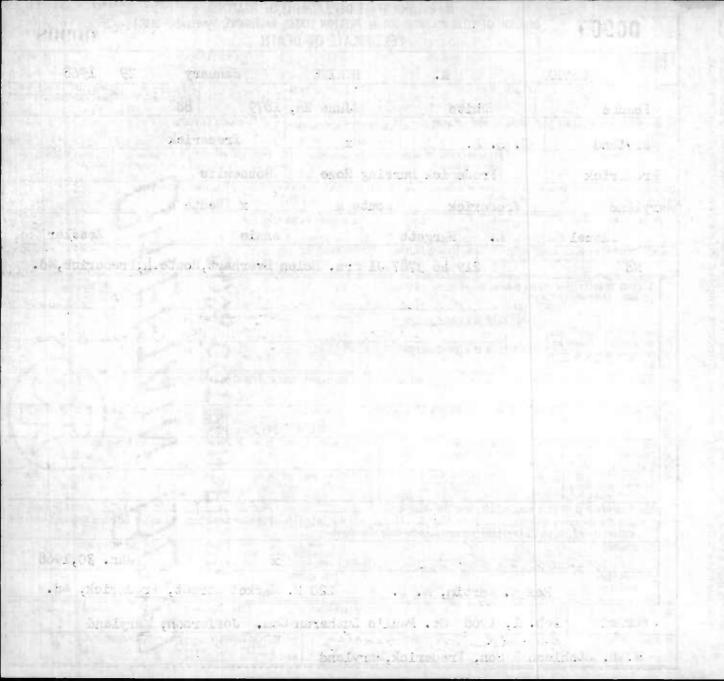
## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

0	0	0	1	3	0
	70 9	- 17	- 6	-91	1

	DECEASED-NAME Firs (Type or print) BERTH		Middle A	Н	Lost OR INE		20. DATE OF	DEATH ry Manth 2	89	1968	2b. HOUR
3. 5	SEX '	4. RACE	19-14-7		S. DATE OF B			6. AGE (In years	IF UNDER	R I YEAR DAYS	IF UNDER 24 HRS.
	Femal e		hite	1		4, 1879		88 birthday)			
7a. cai	BIRTHPLACE (State or foreign untry)	7b. CITIZEN OF W			NEVER MAR	KIEU	COUNTY OF				
10	Maryland CITY OR TOWN OF DEATH	U. S.	A.  IAME OF HOSPITAL OR IN:	WIDOWED	100	RCED   ISUAL	Frede	(Kind of work dane	106	KIND OF E	USINESS OR
	Frederick	giye Fir	street address) eder ick Nu	rsing	Home	during mos HOU	of working	life, even if retired.)		JSTRY	OUSINESS OK
	n USUAL RESIDENCE (Where decem nission) STATE aryland	ised lived, if institution 13b COUNTY		Route		YES NO	7	reet and number te 4	1		
	FATHER'S NAME First	Middle	Lost			AIDEN NAME Firs	t	Middle			Lost
	Samuel	L.	Hargett			Anni	е		K	essl	er
16	D. WAS DECEASED EVER IN U.S. AF	MED FORCES? war or dates af service)	16b. SOCIAL SECURITY		NFORMANT	بالله بهال		Address			
	Yes, no er unknown) (If yes give	war or dates at service)	219 46 378	7 J1 M	rs. He	len Eve	rhart,	Route 4,F	rede		
	18. CAUSE OF DEATH (Enter of	nly one couse per li	ine far (o), (b), and (c).	)							ATE INTERVAL SET AND DEATH
	PART 1. DEATH WAS CAUS	ED BY: NATE CAUSE (o)	Cerel	had o	aser	lan aco	cide:	E		34	ean.
	436.9		AS A CONSEQUENCE OF					/		0	
	Conditions, if ony, which gove	) (5)		ites +	Caner	ale of	and	eres sole	ופוא	80	110
	rise to immediate cause (o) stoting the underlying cause	DUE TO OR	AS A CONSEQUENCE OF	7	Ü	3	111			(	
	lost.	(c)					W 1-2	- h - 1.			
	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO	THE TERMINA	L DISEASE OR CO	NDITION GIVE	N IN PART 1(a)			THE REAL PROPERTY.
Z	33/X										
CERTIFICATION	190. DATE OF OPERATION 191	. CONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20a. AUTO		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				RTIFYING
MEDICAL CER		ATH HOUR A.M.	Month Doy Year		OW INJURY OC	CURRED (Enter o	nature af inju	ry in Part 1 or Port 2	, Item 18.	)	
ME	While Not while of work	PLACE OF INJURY	( AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	CTORY.) 21f. LC			U.S.	or Town	Coun		Stote
	22a. I certify that (I) (t saw the deceased	his haspital) att	tended the deceos	ed from		, 19_6	<u>o</u> , to	1-24-,1	968	, that	(I) (we) las
	saw the deceased causes stated abar	olive an re, (I) (we) (did)	) (did nat) view the	9 <u>~</u> ≨, one bady ofter o	d that in (m death.	ıy) (our) opin	ion deoth				ind from th
	22b. SIGNATURE	nn	entin	DEGR	ATTENDI	NG 🔀 MEI	D. ECTOR	CTACE	an.		968
	22d. PHYSICIAN'S NAME (Type)	Rex R. Ma	artin, M. I	).	22e. ADI 220		et Str	reet, Fred	leric	k, M	d.
23		DATE	23c. NAME OF				23d. LOCATIO	ON (City ar Tawn)	(Caur		(State)
		eb. 1, 19		ILL'S I	utnera			erson, Mar			145
24	76-	vueld	_ M ADDRESS		17	I FFD	KEGISIKAR	968 REGISTRAN	S)GNAT	UKE	0
	M. R. Etchi	son & Sor	. Frederic	K. Mary	land	DATE	-			_	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filly in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cabon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed with Page 4 may be retained by the hospital or ottending physicion.



00910		CERTIFICATE	OF DEATH			009	U3
1. DECEASED-NAME (Type or print) First	Middle		ist LTT	2a. DATE OF D		1968	2b. HOUR 10:30
3. SEX Female	4. RACE White		E OF BIRTH		6. AGE (In years last birthday) 78 YRS.	IF UNDER 1 YEAR MONTHS DAYS	1F UNDER 24 HRS HOURS MIN
7o. BIRTHPLACE (Stote or foreign country)  Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEV	/ER MARRIED DIVORCED	9. COUNTY OF E	DEATH rederick		M
10. CITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL OR give street address)  Frederick	INSTITUTION (If not in ho	during n		Kind af wark dane fe, even if retired.)	12b. KIND OI INDUSTRY	F BUSINESS OR
13a. USUAL RESIDENCE (Where decease admission) STATE Maryland	ed lived, if institution: Residence before 13b. COUNTY ontgomery	re 13c. CITY OR TOWN Damascu	VICE N		EET AND NUMBER L5 Woodfi	eld Rd	
14. FATHER'S NAME First Phill	Middle Last	IS. MOTH	Mary E	<sup>First</sup> mma Wart	Middle then	0 5	Last
16a. WAS DECEASED EVER IN U.S. ARM Yes, na, ar unknawn) (If yes give w	NED FORCES? ar or dates of service) 16b. SOCIAL SECURI 215-36-3			yatt, Da	Address	Md.	
PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and b 8Y: ACUTE ACUTE		UARY E	DEMA		BETWEEN	CIMATE INTERVAL ONSET AND DEATH
Canditions, if any, which gave inse to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	of Riosclero			DISEASE		

POTHYROIDISH

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO X YES [ 21g. ACCIDENT WAS UNDERLYING

21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. Manth Day Year (If either, natify medical examiner)

21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY, )
OFFICE BUILDING, ETC. 21f. LOCATION Street ar R.F.D. Na. 21e. PLACE OF INJURY City or Town County

While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceosed from Marsaw the deceased alive an Nov. 4 1967, and that and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death

State

22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 22e ADDRESS 804 22d. PHYSICIAN'S

NAME (Type) Richard C. Reynold, M.D. Toll House Ave. Frederick, Md. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial

10.1968 Damascus Meth. Md. Damascus. 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D 8Y REGISTRAR 2Sb. Molesworth, Damascus, Md. JAN DATE

buriol, cremotion, or removol, and in any event, within 72 hours after death signed by the ottending physicion and completely filled in by the tun burial-tronsit permit. Then pleose remove corbon popers. Pages 1 O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as me should be filed with the State Dept. of Health prior to

30M REV 1/68

CERTIFICATION

Pages 1

		01000
	The -	
AND TRACTOR STORE AND A	reception of trainings of	
AMERICAN COMPANY		
.nr .nure di ,ttanir	. * Marau	
armental constants	property of the second	
	entrage and a chipping 2007 of the common co	
	THE PROPERTY	
		en.
. Il waturbad . we could have		
· vis , work per		
STEEL STATE OF STATE OF	h eloyating 1,834	8 1 ( ) 1 1873

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00910

1968

00911 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g DATE OF DEATH 2b. HOUR death (Type or print) January GENEVIEVE PEACHER 1 488 JENKINS. 3 SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. DATE OF BIRTH HOURS White Female July 21, 1900 24 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (Ountry) Maryland Frederick appers U.S.A. WIDOWED XT DIVORCED [ 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR requires that the death certificate be executed within withii give street oddress) . during most of working life, even if retired.) INDUSTRY pan Frederick Frederick Memorial Hds Own Home car 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE arvland 13b. COUNTWashington Pleasantvilla NON RFD #1. Harpers Ferry. WV any 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Last RANDOLPH PEACHER MARTHA MILLS 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANTDonald E. JenkingAddress Yes no or unknown) 705-12-54671 214 A St., Brunswick, Md. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I, DEATH WAS CAUSED BY odema almonar IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) ocardo burial-transit rise to immediate cause (o). signed by DUE TO, OR-AS, A CONSEQUENCETOR stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO NO O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark ot wark 22a. I certify that (I) (this hospital) ottended the deceased from 12/30/67, 19 12/31/67 ond that in (my) (our) apinion death occurred on the dote and hour and from the saw the deceased alive oncauses stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE/SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S Austin Pearre, Jr. NAME (Type) Frederick. Marvland directar, shauld 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE (County) REMOVAL (Specify) Samples Manor Cemetery Samples Manor. FUNERAL 2Sa. REC'D BY REGISTRAR

30M REV.

O 1200 A TOTAL DATE OF THE PARTY OF THE PART		neora
		The first will
		and the Light of
But the state of t		
THE PARTY OF THE P		THE WAY TO BE TO
	•	
		HEAD LIBERTY
	The second	
		THE THREE IS
	Land to the same	As year and a second of
	Marsa - J. M.	

00911

00912

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	ECEASED-NAME	First		Middle	,	Lost		2o. DAT	E OF DEATH			2b. HOUR
(	(ype or print)	ARI	RIE		10	PhNS	ON		JAN	Doy	Year 1962	8 RAM
3. SI	X		4. RACE	757-1-01		5. DATE OF BI	RTH		6. AGE (Ir		IF UNDER 1 YEAR	IF UNDER 24 HRS.
	FEMALE		Wh	ile		SEP.	T. 7 -	187	7 lost birtl	ndoy) YRS.	NONTHS DAYS	HOURS MIN
	BIRTHPLACE (Stote or	oreign	7b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED [	NEVER MAR	RIED 9	. COUNTY	Y OF DEATH			
COU	PENNI	7.	V.5.	A.	WIDOWED		CED 🗌	3	REDER	ick		Md.
10. 0	CITY OR TOWN OF DEA	TH		ME OF HOSPITAL OR INS	TITUTION (If no	ot in hospitol			TION (Kind of w			F BUSINESS OR
1	PREDERLE			Frederess)	ick H	OSP			king life, even i	f refired.)	INDUSTRY 7	Teed
	USUAL RESIDENCE (Wission) STATE	nere deceos	ed lived, if institution	on: Residence before	2000		13d. INSIDE CITY LIM		e. STREET AND N	UMBER	,	
	11/6	¥	138. COUNTY	rederick	TREA	Enick	YES NO	X 5	hIElds	TRAI	1EW	Covel
14.	FATHER'S NAME	irst	Middle	Lost	15	. MOTHER'S M	AIDEN NAME Fir	rst	0 1	Middle		Lost
	NES/E	4	PAI	IERSON			NIE		CAI		-n/	
160	es, no, or unknown)		AED FORCES? var or dates of service)	16b. SOCIAL SECURITY N		NFORMANT PARY	BART	万	Elli	Address c 77 C	0: 14	md
	18. CAUSE OF DEAT	H (Enter on	ly one couse per line	e for (o), (b), ond (c).)	- 1	16	0	) 5	1		BETWEEN	XIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH	WAS CAUSED	D BY: ATE CAUSE (o)	Conge	41	loca	IT 7	raul	lune			
	485	*		S A CONSEQUENCE OF	0	This control		-	n	0	1200	
	Conditions, if ony, w	hich gove	(b)	Bur	drop	meu	mon	مم	- Srt	fuse		
	stoting the underly	ing couse	DUE TO, OR AS	S A CONSEQUENCE OF	0				0	V		
	lost. 491 X	,	(c)									
z	PART 2 OTHER SIGN	IFICANT CON	DUELLE CONTRIBUT	ING TO DEATH BUT NO	T RELATED TO	THE TERMINA	L DISEASE ORCO	MOITION	GIVEN IN PART	Litis,	Mita	allaline
CERTIFICATION	190. DATE OF OPERATI	ON 19b.	CONDITION FOR WHI	CH OPERATION WAS PER	RFORMED	20o. AUTO	-		b. IF YES, WERE		NSIDERED IN	CERTIFYING
ERTI	21o. ACCIDENT WAS	HNDERLYIN	IG 21b. TIME OF	INHIDV	lote uc		NO [	noture of	injury in Port 1	or 0.00 2 Hz	m 101	
	OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.M.	Month Doy Year	210. 110	JW INJUKT OCC	UKKED (ENIBI	noture of	injury in Pon-i	or Part 2, Ire	eiii 10.)	
MEDICAL	(If either, notify med 21d. INJURY OCCURR			AT HOME, FARM, STREET, FAC		CATION Street	et or R.F.D. No.		City or Town		County	Stote
	While Mot while		TEACE OF INSURT	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	7 211. 10	CATION SITE	1 01 K.I.D. 110.		chy or lown		CODINY	31010
	ot work ot work	at (I) (th	is hospital) atte	nded the decease	d from	1/12	2 , 19.60	A to	1//	5 19 /	6 % the	it (I) (we) last
	saw the de	ceased a	live an	1/14	9 (S, and	that in (m	y) (aur) apin	nian ded	ath accurred			r and fram the
		ed above	e, (I) (we) (did) (	did nat) view the l	oady after o	leath.						
10	22b. SIGNATURE	an he	3-11/1	1110.		ATTENDI	IG 🖂 ME	ED. RECTOR	STAFF		ATE SIGNED	10/0
	ann	WID	JUN	mos-	DEGR	EE PHYS.		RECTOR	PHYS.	⊔ pan•	15,	1900
	22d: PHYSICIAN'S NAME (Type)	James	B. Thoma	s. M. D.				ket	Street,	Freder	ick,	Md.
230	BURIAL, CREMATION,	. 23b.		23c. NAME OF			W. Fr		CATION (City or	Town) + City	(County)	(Stote) ATE
24.	FUNERAL DIRECTOR		ock F	11100 TOTY	mid.		250. PAC D BY	TREGISTR	1968 2Sb.	Clare	LGNATURE	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion ond completely filed in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removol, and in any event, within 22 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital or attending physicion.

VR A 5 1 30M REV. 168

LICON THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PA	11000
	P.
Les James Brand Comment Comment of the Comment of t	
	Big of the vietes of a con- traction of the con- traction of the con-
. Markey . Land of the land of	
Thomas I. L. 220 M. are to bloom, roughly at	

VR A15ME 10M REV. 1

20. AUTOPSY? 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) County Stote and in my apinian Undetermined manner 22b. DATE SIGNED Robert J. Thomas, M.D. NAME (Type) ADDRESS(Street, city, town, or county) 23o. BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. tOCATION (City or Town) (County) (Stote) Jan.13-1968 Mt.Olivet Cemetery Frederick. Md. 21701 2So. REC'D BY REGISTRAR M.R. Etchison & Son Frederick, Md.21701

00912

Year

12b. KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

2d.

Dov

10

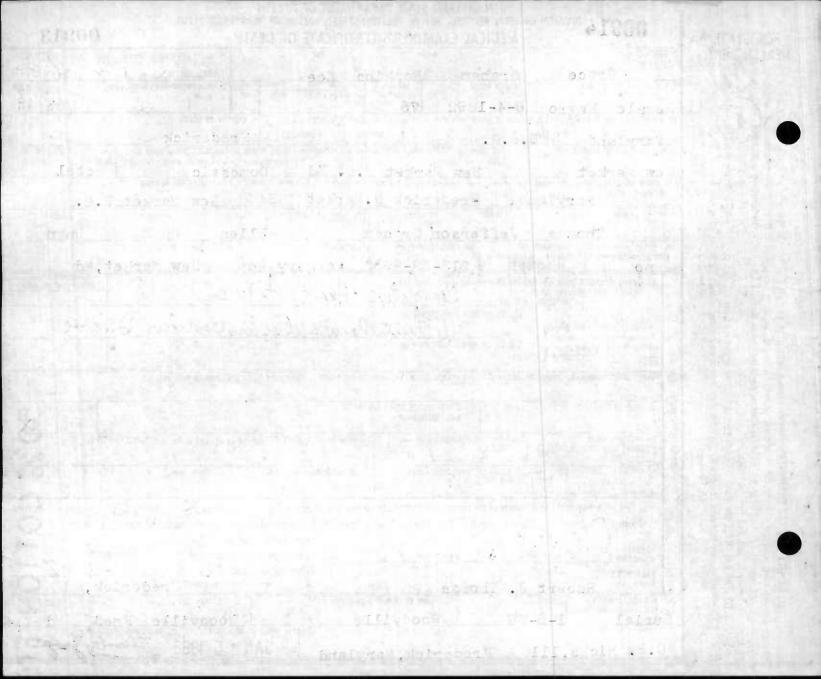
INDUSTRY

1		n trop nease.	
		me il-im	( 0.110 0.11
	alo . i sporti		bandyana
along the real of the engineers and stally	a jatoras	inuni	erodaroc i erod
			.bii
toga ovi	finnse malel P	30061 •8	Total Co.
and-length, little	George and Allie		no international beautiful
	Total Artist		
	, ,		
	a XX	0 0 6 11 20 11 0 11	
			777
	english ar	13-1760 Mb.Olivet Ogustely 1 recenter, Mc.21701	

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00913 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT 1. DECEASED-NAME 20. DATE KNOWN 2b. HOUR Yeor (Type or Print) OF ESTI-8; AM Grace DEATH MATED Graham Hopkins 6. AGE (In years IF UNDER 24 HRS 4. RACE 2c. DATE PRONOUNCED DEAD 2d. HOUR S DATE OF BIRTH Female Negro 8-4-1892 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED [ DIVORCED | Frederick Maryland
10. CITY OR TOWN OF DEATH U.S.A. Give Poges lond 2 with the State 120. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress during most of working life, even if retired.) INDUSTRY New Market P.O. Md Domestic

13d. INSIDE CITY LIMITS? 13e. STREET New Market Hote] Examiner's Office olong 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER Maryland COUNTY YES NO Frederick N. Market New Market P.O Item 18 ofter 1S. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Jefferson Graham Ellen UnKN Thomas Unkn hours 2 poges 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 17. INFORMANT be executed within pencil (Yes, no. or unknown) (If yes give wor or dates of service) 213-38-8983 New Market . Md Margery Hov File 1B. CAUSE OF DEATH (Enter only one couse per line for (6)) (b), and (c).) permit. 4 should be forwarded to the Chief Medical "pending" PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Celenti Cardio vasulan D Conditions, if ony, which gove rise to immediate couse (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, 3 should ! 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) PRIMARY OR CONTRIBUTING SICAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) moy be retoined for your FUNERAL DIRECTOR: Page WHILE NOT WHILE 22a. I certify that I took charge of the remains described above, held on Autopsy . Inspection X Inquiry and in my opinion death resulted from: Natural causes Accident . Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, town, or county) Frederick, Md NAME (Type) Robert Thomas 50 23o. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) Burial Woodville Woodville Fred 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15ME C.E. Hicks. 111 Frederick, Maryland 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 moy be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state.

te denth

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	00310			C	ERTIFI	CATE OF	DEATH			009	114
	ECEASED-NAME	First		Middle		Lost	II. II.	20. DATE OF DEATH	D-	V	2b. HOUR
1	(ype or print)	RANK		A.	-	MAIN		January	12,	1968	3:40AM
3. SI	X		4. RACE			S. DATE OF E	BIRTH	6. AGE (In y	00.0	UNDER 1 YEAR	IF UNDER 24 HRS.
	Male		Whili	te		Nov.	8, 1911	lost birthde	YRS.	MINS DATS	nouks min.
7a.	BIRTHPLACE (Stote or f	foreign 7b	. CITIZEN OF WHA		8. MARRIED	NEVER MA		9. COUNTY OF DEATH		27 11	
E T	ederick Co	unty	U. S.	. A.	WIDOWE	DIVO	RCED [	Frederick Co	inty		Md
10. 0	ITY OR TOWN OF DEA	TH		WE OF HOSPITAL OR INST	ITUTION (If	not in hospital		L OCCUPATION (Kind of war		12b. KIND OF I	BUSINESS OR
	Frederick		Free	reet address) derick Mem	orial	Hospi	tal Fa	st of warking life, even if r <b>rmer</b>	erirea.)	Farm:	
130.	USUAL RESIDENCE (W)	here deceased	lived, if institution	in: Residence befare	13c. CITY C	R TOWN	13d. INSIDE CITY LIA				erick,
duili	Maryland		Freder:	ick	Lew	stown	YES NO	- DeMISCOM		e 3,	Md
14.	FATHER'S NAME F	irst	Middle	Last		IS. MOTHER'S N	AIDEN NAME FI	rst N	liddle		Last
	Luther		M.	Main			Annie			Wickle	ess
	(es, na, ar unknown)	IN U.S. ARMED		16b. SOCIAL SECURITY NO		INFORMANT			dress		
	No	1		218 09 089	5 1	irs. Lo	va Main	,Route 3,Free	derick		yland
				e for (o), (b), and (c).)	í						NSET AND DEATH
	PART I. DEATH	MAS CAUSED B	CAUSE (a)	arcinoma	Fosis						
	1870			A CONSEQUENCE OF							
	Conditions, if ony, w		(b) 1		rme						
	stoting the underly		DUE TO, OR AS	A CONSEQUENCE OF							
	last.	)	(c)								
		IFICANT CONDI	TIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED	TO THE TERMIN	AL DISEASE ORC	ONDITION GIVEN IN PART 1(o	)		
8	180 X	au Trai da				100 000		Tool is use with si	UDINOS CONS	IDEACH IN CO	PATERINA
CERTIFICATION	190. DATE OF OPERATI	ON 196, CO	NDITION FOR WHI	CH OPERATION WAS PER	FORMED	20a. AUT YES	\	20b. IF YES, WERE FI CAUSES OF DEATH?	NDINGS CONS	IDEKED IN CE	KIIFTING
	21a. ACCIDENT WAS		21b. TIME OF HOUR A.M.	INJURY Manth Day Year	21c.	HOW INJURY O	CCURRED (Enter	nature of injury in Part 1 a	r Port 2, Iten	18.)	
MEDICAL	(If either, notify med	dical exominer	) P.M.	19							13.7
W	21d. INJURY OCCURR While Nat while at work		'	AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	1			, .		Caunty	State
	22a. I certify th	nat (I) (this=	hospital) atte	nded the decease	d from_	12/27	167,19_	, to//2/6	5,19_	, that	(1) (we) las
	saw the de	ceased aliv	e on//	did not) view the b	, a	nd that in (r	ny) (o <del>ur)</del> opii	nion death occurred or	the date	and hour	and from the
	22b. SIGNATURE	aus	turi Pe	ane.	. DE	GREE PHYS.	DI (CE)	ED. STAFF PHYS.	22c. DAT	ESIGNED 12/6	,8
	22d. PHYSICIAN'S NAME (Type)	100				22e. AD					
,				rre, Jr. M			L House	Ave, Freder			
23a	BURIAL, CREMATION,	Jan.		23c. NAME OF C			ery	23d. LOCATION (City or To Frederick.		(County)	(State)
24.	FUNERAL DIRECTOR	Alica	uell	ADDRESS	to	lake	2Sa. REC'D B'	Y REGISTRAR 2Sb. RE	GISTRAR'S SIG	NATURE	100
L	M. R. E	Etchisc	n & Son	, Frederic	k, Ma	aryland	DATE JAN	1 1 5 1968	Luar	les fu	7

13P(B)					
: 8091 .51	we see .	IE NE			174
	202	Nov. 6, 1911			9.12
	r i comenc	Total Street	• 1		หุรีเพอ โดยนอการ
		ist fedico f	inclose adding	or.	doktowa
, Found,	moverwell !	n nation	70.	1 97 .	
THE COLUMN		o.t. ma	nie.	• 2.	i didil
			·*:		
		e de la companya de l			
		e de la companya de l			
					1000

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon, aspers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

30M REV

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00915

Condition, if any, which gove to the Sound Street of the sound of th						IL OI DETTI					
Male  White  Oct. 12, 1884  Marie July  Robert Park  Country is considered foreign  To Birtharde (Stote or foreign)  To City or forwith in the Country  Thurmont to Status and the Status and the Country  To Birtharde (Stote or foreign)  To Birtharde (Stote or foreign)  To City or forwith and the Country  To Birtharde (Stote or foreign)  To City or foreign  To Cit						Last			Doy 68Yeor	2b.	HOUR M
Male   White   Oct. 12, 1884   Describedors   Model   Oct. 12, 1884   Describedors   Model   Oct. 12, 1884   Describedors   Oct. 12, 1884   Oct. 188	3. SE	X	4. RACE		Ts	. DATE OF BIRTH		6. AGE (In years		IF UNDER	
COUNTY   SCONS & DIVOKED   DIVOKED   Frederick   DIVOKED   Too How of Board   Too How o		Male	Whi	te		Oct. 12,	1881	. lot birthdoy).		HOURS	MIN
Prederick   99% 40   10   10   10   10   10   10   10	7o. E	BIRTHPLACE (State or foreign		AT COUNTRY?							Md
13d. CUSIAL RESIDENCE Where deceased invent of the seadence before both of the seadence before in the seadence in the sead			11. NA give s	ME OF HOSPITAL OR INS	Memor	in hospital 12a. l			12b. KIND O INDUSTRY	Business Butc	or her
Gustave Martin    16a. WAS DEEESSED FUR IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO. 277-18-3957   Karl Martin 7834   Marquette Ave.   277-18-3957   Karl Martin 7834   Marquette Ave.   278-3957   Marquette Ave.   278-39	13a. admi					OWN 13d. INSIDE C	CITY LIMITS?	13e. STREET AND NUMBER			
IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   PART I. DEATH WAS CAUSE BY:   PART I. DEATH WAS CAUSE BY:   PART I. DEATH WAS CAUSE OF BY:   Conditions, if any, which gave rise to immediate couse (a), stoting the underlying cause (b).   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED   20a. AUTOPSY?   20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYI (AUSES OF DEATH)   POUR CONTRIBUTING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)   PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED   20a. AUTOPSY?   21b. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)   PART 2. OTHER SIGNIFICANT CONTRIBUTIONS ON THE PART 1(a)   21b. TIME OF INJURY (AI HOWE FARM, STREET, RATORY.)   21f. LOCATION Street or R.F.D. No.	14. F				15.	MOTHER'S MAIDEN NAM				Last	
BETWEEN ORSET AND PRAKT I. DEATH WAS CAUSED BY:  HART I. DEATH WAS CAUSED BY:  LOUIS TO RESOURCE OF DUE TO, OR AS A CONSEQUENCE OF USE.  LOUIS TO HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  BY:  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERCHON WAS PERFORMED  210. ACCIDENT WAS UNDERLYING  OR COMMERCINING AUSS OF DEATH  HOUR A.M. Month Day Year  P.M. HOUR A.M. Month Day Year  John Month Day Year  John Month Day Year  John Month Mile  ON HON WAS PRECEDED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  210. ACCIDENT WAS UNDERLYING  190. COMMERCINING AUSS OF DEATH  HOUR A.M. Month Day Year  P.M. HOUR A.M. Month Day Year  John Month Day Year  John Month Mile  ON HOW HE MAN HOUR AND STRET, FACTORY.  211. INJURY OCCURRED  While  ON HOW HOW HOUR AND STRET, FACTORY.  212. L'estrify that (1) (this hospital) attended the deceased from 13 (A), 19, 10 (A) (Town) apinion death accurred an the date and hour and focuses stated above, (1) (wested) (did not) view the bady after death.  220. BURIAL (REMATION, 23b. DATE  220. BURIAL (REMATION, 23b. DATE  230. BURIAL (REMATION, 23b. DATE  231. NAME OF CEMETERY OR CREMATORY  DEGREE PHYSICIAN'S  NAME OF CEMETERY OR CREMATORY  Thurmont Fred. Co.	16a.	WAS DECEASED EVER IN U.S. (If yes g					tin '		ette A	ve,	
19a. Date of Operation   19b. Condition for which operation was performed   20a. AUTOPSY?   20b. If YES, were findings considered in Certifyi (Auses of Death?)   19b. Condition for which operation was performed   20a. AUTOPSY?   20b. If YES, were findings considered in Certifyi (Auses of Death?)   19c. Contributing   21b. Time of Injury   19c. Hour a.m.   Month Day Year   19c. How injury occurred (Enter nature of injury in Part 1 or Port 2, Item 18.)   19c. Individual occurred and the deceased different injury in Part 1 or Port 2, Item 18.)   19c. Individual occurred and the deceased different injury in Part 1 or Port 2, Item 18.)   19c. Individual occurred and the deceased different injury in Part 1 or Port 2, Item 18.)   19c. Individual occurred and the Injury in Part 1 or Port 2, Item 18.)   19c. Individual occurred and Injury in Part 1 or Port 2, Item 18.)   19c. Individual occurred and Injury in Part 1 or Port 2, Item 18.)   19c. Individual occurred and Injury in Part 1 or Port 2, Item 18.)   19c. Individual occurred and Injury in Part 1 or Port 2, Item 18.)   19c. Individual occurred and Injury in Part 1 or Port 2, Item 18.)   19c. Injury occurred and Injury in Part 1 or Port 2, Item 18.)   19c. Injury occurred and Injury in Part 1 or Port 2, Item 18.)   19c. Injury occurred and Injury in Part 1 or Port 2, Item 18.)   19c. Injury occurred and Injury in Part 1 or Port 2, Item 18.)   19c. Injury occurred and Injury in Part 1 or Port 2, Item 18.)   19c. Injury occurred and Injury in Part 1 or Port 2, Item 18.)   19c. Injury occurred and Injury in Part 1 or Port 2, Item 18.)   19c. Injury occurred and Injury in Part 1 or Port 2, Item 18.)   19c. Injury occurred and Injury in Part 1 or Port 2, Item 18.)   19c. Injury occurred (Injury in Part 1 or Port 2, Item 18.)   19c. Injury occurred (Injury in Part 1 or Port 2, Item 18.)   19c. Injury occurred (Injury in Part 1 or Port 2, Item 18.)   19c. Injury occurred (Injury in Part 1 or Port 2, Item 18.)   19c. Injury occurred (Injury in Part 1 or Port 2, Item 18.)		PART I. DEATH WAS CAL IMMI Conditions, if any, which gar rise to immediate couse (c stating the underlying cau	DUE TO, OR AS	ACONSEQUENCE OF	mone	~ Acci	ident		BETWEEN	ONSET AND C	YEATH
County   C	NC	BPH CO	tarast (	2 242	brui	re O Sh	ould	عم			
County   C	RIFICATI	19a. DATE OF OPERATION	9b. CONDITION FOR WHI	CH OPERATION WAS PE		YES NO	X	CAUSES OF DEATH?		CERTIFYING	)
While Nat while at work of twork of twork of two processes of the deceased fram 13 6 19 that (I) (this hospital) attended the deceased fram 19 and that in (my) (the deceased alive an 19 and that in (my) (the deceased alive and the date and have and for causes stated abave, (I) (the deceased alive and the date and the date and have and for causes stated abave, (I) (the deceased fram 13 6 19 that (I) (this hospital) attended the deceased fram 13 6 19 that (I) (this hospital) attended the deceased fram 13 6 19 that (I) (this hospital) attended the deceased fram 13 6 19 that (I) (this hospital) attended the deceased fram 13 6 19 that (I) (this hospital) attended the deceased fram 13 6 19 that (II) (this hospital) attended the deceased fram 13 6 19 that (II) (this hospital) attended the deceased fram 13 6 19 that (II) (this hospital) attended the deceased fram 13 6 19 that (II) (this hospital) attended the deceased fram 13 6 19 that (II) (this hospital) attended the deceased fram 13 6 19 that (II) (this hospital) attended the deceased fram 13 6 19 that (II) (this hospital) attended the deceased fram 13 6 19 that (II) (this hospital) attended the deceased fram 13 6 19 that (II) (this hospital) attended the deceased fram 13 6 19 that (II) (this hospital) attended the deceased fram 13 6 19 that (II) (this hospital) attended the deceased fram 19 that (II) (this hospital) attended the deceased fram 13 6 19 that (II) (this hospital) attended the deceased fram 13 6 19 that (II) (this hospital) attended the deceased fram 19 that (II) (this hospital) attended the deceased fram 13 6 that (II) (this hospital) attended the deceased fram 19 that (II) (this hospital) attended the deceased fram 19 that (II) (this hospital) attended the deceased fram 19 that (II) (this hospital) attended the deceased fram 19 that (II) (this hospital) attended the deceased fram 19 that (II) (this hospital) attended the deceased fram 19 that (II) (this hospital) attended the deceased fram 19 that (II) (this hospital) attended the deceased fram 19 tha		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. p.m.	Manth Day Year	9			af injury in Part 1 or Port	2, Item 18.)		
causes stated abave, (1) (welfdid) (did nat) view the bady after death.  22b. SIGNATURE  DEGREE ATTENDING DIRECTOR STAFF DIRECTOR	ME	at work at work				11.		11			State
DEGREE PHYS. DEGREE PHYS. DIRECTOR STAFF. DIRECTOR DIRECT	8.88	22a. I certify that (I) saw the deceased causes stated abo	( <del>this hospi</del> tal) atte   alive anl ave, (I) (we) (did) (	nded the decease 5 did nat) view the	ed fram 19, and bady after de	113168, 1 that in (my) ( <del>cor)</del> eath.	9, t apinian d	eath accurred an the	date and have	t (I) (was	æ) las ım the
NAME (Type) Austin A. Pearre Jr. 804 Toll House Ave. Frederick  230. BURIAL (EMATION, BEMOYAL (APTIV) 1-8-68 Blue Ridge Cemetery Thurmont Fred. Co.			l'interio	ane A.	DEGRE	PHYS.	MED. DIRECTOR	CTAFE C	2c. DATE SIGNED	5/68	8
BMY1819 1-8-68 Blue Ridge Cemetery Thurmont Fred. Co.		NAME (Type) Au				804 To					
24. PUNERAL DIRECTOR ( So. REC'D BY REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR'S SIGNATURE		BEWONAT (Specify)				Cemetery	T T	hurmont E	red.	(Stote	4
Jammond Charles Thurmont, Md. DATE IAN 10 1000 Pollarles Judge			Raymond	E. CAPPRESS	ger						- 114

31000	CREASE SERVICE THE ACTION OF T	e i michile	1000
		40.70	
		53.246	
s			
	The state of the s	· M	
	. 6 . 7		
		***	
			1/18
	The Contraction of the Contract of the Contrac		

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

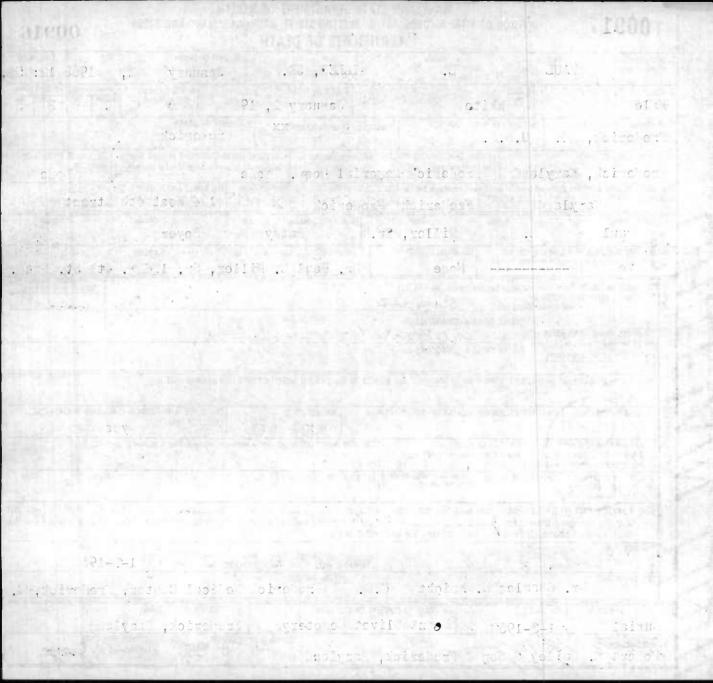
TE OF DEATH

				CEKTIFIC	AIE OF DEATH					
	CEASED-NAME Firs  YPE or print) PAUI		Middle L.	MJ	LLER, JR.	Ja:	of Death	2°°Y	1968	2b. HOUR 12:05
SE M	x ale		Nhite		s. date of Birth  January 2,	1968	6. AGE (In ye lost birthdo)	eors (Y) YRS.	MONTHS DAYS	HOURS AND
com	BIRTHPLACE (Stote or foreign Yederick, Md.	7b. CITIZEN U.S		WIDOWED			derick			٨
F	rederick, Mary		11. NAME OF HOSPITAL OR IN: give street oddress) Frederick	Memori	al Hosp . during no	nost of workin		etired.)	12b. KIND OF INDUSTRY N	Business or None
odmi	usual RESIDENCE (Where decect ssion) STATE Marylar	d 13b. CO	Frederick	1.	erick YES 🖾 N	NO 🗆 1	street and num 24 West	4th		
N	Paul Paul	L.	Miller,	Sr.	S. MOTHER'S MAIDEN NAME Patsy	First	Boyer	iddle		Lost
	was deceased ever in u.s. ar	MED FORCES?			informant Ir. Paul L. M	liller.		dress 4 W		
1	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse ED BY: ATE CAUSE (c	C .							MATE INTERVAL DNSET AND DEATH
	Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO	D, OR AS A CONSEQUENCE OF D, OR AS A CONSEQUENCE OF	cult	heart de	elive	7			
No	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
CERTIFICATION			OR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?  YES ▼ NO □	CALIS	IF YES, WERE FIN SES OF DEATH?		ONSIDERED IN CE	ERTIFYING
MEDICAL CE	21o. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, notify medical exam	iner) HOU!	TIME OF INJURY R A.M. Month Doy Yeor P.M. 1	9	OW INJURY OCCURRED (Ent		jury in Port 1 or	Port 2, It	tem 1B.)	
W	at work ot work		JURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.				ty or Town		County	Stote
	22a. I certify that (I) (the saw the deceased causes stated above	nis haspita alive an e, (I) (we)	did) (did nat) view the	ed fram 9 <u>6%</u> , an bady after	d that in (my) (aur) ap death.	<u>&amp;</u> ⊱, ta_ pinian death	occurred an	, 19_ the dat	te and haur	(I) (we) la and fram th
	22b. SIGNATURE	91		DEG	REE PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. D	DATE SIGNED 2-1968	
			E. Wright	M.D.	22e. ADDRESS Frederic				Freder	
ر	BUL 3 a (Specify)	DATE -3-190		Olivet	Cemetery	Fred	TION (City or Tow erick. N	Marv	(County)  land	(Stote)
2 4	Robert E. Dail	ev &	Son Frederi		ryland Date	BY REGISTRAR	968 REG	ISTRAR'S	SIGNATURE	HIC.

81-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 mad 3 mad

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hay. Page 4 may be retained by the hospital or attending physician.



FOR STATE	tems 18, 21,22 film39'MARYLAND STATE DEPARTMENT OF HEALTH 2-15-68mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  15 Film G397 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	917					
HEALTH DEPT	1. DECEASED NAME First Middle Lost 2a. DATE KNOWN Month Day OF ESTI-DEATH MATED 1-12	Yeor 2b. HOUR 19 <b>68</b> M					
To 70	3. SEX Male  4. RACE White  5. DATE OF BIRTH 1904  6. AGE (in years lif under 14 YEAR if under 24 Hrs.)  15 June  1904  6. AGE (in years lif under 14 YEAR if under 24 Hrs.)  OAYS HOURS MINN.  Month Day Yea	2d. HOUR					
ny de 1, 2, and farm PM3.	7a. BIRTHPLACE (State or foreign country) Maryland  7b. CITIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED Frederick	Md.					
hours after death.  Item 18. Give Pages 1,  Office along with farm, and 2 with the State De		D OF BUSINESS OR y truction					
18. Give a lange a lange a lange death.	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE Maryland 13b. COUNTY Frederick Frederick   Frederick   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   423 S. Market St.						
	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle  Charles Morgan Jennie Lowe	Last					
within 24 Examiner's File pages	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service) 214-10-1398 IT. INFORMANT ADDRESS Mrs. Annabelle B. Morgan (Same as it	em #13)					
ate shauld be executed g the ward "pending" is at the Chief Medical s a burial-transit permit.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	PPROXIMATE INTERVAL WEEN ONSET AND GEATH TO KEEN OWEN					
5 5 5	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20.  21d. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Doy, Yeor  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	AUTOPSY?  YES \( \overline{\overline					
ifica d be ald b	PRIMARY OR CONTRIBUTING HOUR A.M. P.M.Inknown 19 fell down steps						
necessary, please execute the certi the funeral director. Page 4 should 5 may be retained far yaur files. 10 FUNERAL DIRECTOR: Page 3 shau	220. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion deoth resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined monner ACTUAL SIGNATURE						
VR A15ME (5)	M. R. Etchison & Son, Frederick, Md. 21701  230. REC'D BY REGISTRAR 1968 REGISTRAR SIGNATURE  DATE JAN 15 1968	Judge					

yreen			AND THE STATE OF	71000
1-12 - 68 - E		stio: desot to		
12 68	i	16 indi so		5 - 1
dollar.			0. 9.	Onel (x)
nolisustano)	istando.L	s salta ar es		Rederick
S. Market St.	ck Texas	Dreitek Perderi	Los ive	
	ennie lose	· ne	nazles dolla	
(file out as ouse) n	Amnabells H. Nors	214-10-1398 Ars.		o
in Jan 1965	X.	10\15 2n		
Pure 12, - 12, 2 12, 12, 1-2, 1.	Deretery treder	Nowat Glivet	1/19/03	isi Ki

.. .. et histon I foa, Fredefick, M. 21701

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFIC	ATE O	F DE	ATH
----------	-------	------	-----

					CERTIFIC	CATE OF	DEATH				000	
(1	ECEASED-NAME Type ar print)	ELSYE		Middle EONARD	MORGA	Last NTHALL			ry Manth		1968	2b. HOUR 11:30a
3. SE ]	x Female		4. RACE White			s. Date of B	ary 18,	1903	6. AGE (In y	ears ay) YRS.	MONTHS DAYS	HOURS MIN
B	BIRTHPLACE (State ntry) altimore	, Md.	Tb. CITIZEN OF WHA		WIDOWED	LEJ.	SCED [	Freder	ick,			٨
F	city or town of rederick		giveFit	NE OF HOSPITAL OR INS Ped derick	Memori	al Hosp		occupation ( t of Book k			INDUSTRY NOn	BUSINESS OR e
13a. admi		(Where decease		n: Residence befare Prederick		town derick	YES NO		Shaw		rive	
	FATHER'S NAME Albert	First N.	Middle Leonard	Last		Netti		7		Niddle		Last
16a. Y	. WAS DECEASED EV (es. na, ar unknawr IVO	VER IN U.S. ARME	D FORCES?	6b. SOCIAL SECURITY I	NO. 17. M	informant rs. Doz	othy N	Killdu	ff 51	3 Go	odnow	Street
	Canditians, if an rise ta immedia stating the und last.	y, which gave te cause (a), erlying cause	(b) DUE TO, OR AS (c)	A CONSEQUENCE OF		•	Busal				· · · · · · · · · · · · · · · · · · ·	
NC	PART 2. OTHER S	SIGNIFICANT COND	DITIONS CONTRIBUTION	NG TO DEATH BUT N	OT RELATED TO	O THE TERMINA	L DISEASE OR COM	NDITION GIVEN	IN PART 1(a	)		
CERTIFICATION	19a. DATE OF OPE	RATION 19b. C	ONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20a. AUTO			YES, WERE FIL OF DEATH?	ndings co	INSIDERED IN C	ERTIFYING
MEDICAL CE	21a. ACCIDENT V or contributing (If either, natify	CAUSE OF DEATH	HOUR A.M. P.M.	Manth Day Year	,		URRED (Enter n	nature af injury	in Part 1 a	r Part 2, li	tem 18.)	
ME	21d. INJURY OCC While Nat w at wark at w	nrk		NT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			~	7	r Tawn	-	Caunty	State
	22a. I certify saw the causes s	that (I) (this deceased ali tated abave,	haspital) attenve an————————————————————————————————————	ded the decease	ed from 9 <u>68</u> , an bady after	d that in (m death.	y) (aur) apini	ian death ac	curred an	, 19_ the dat	te and haur	(I) (we) lo and fram t
H	22b. SIGNATURE	3-16	n	with M.	D. DEGI	ATTENDII PHYS.		D. ECTOR	STAFF PHYS.		-1968	
	NAME (Type	Dr. Re	x R. Mart		M.D.	220	N. Mar					
	BURIAL, CREMATION BUY LATE	1-6	-1968	23c. NAME OF Green	Hill (		у	23d. LOCATION Waynes	boro,	Penn		
24.	Robert	E. Dail	ey & Son	Freder:	ick. M	d.	2Sa. REC'D BY	REGISTRAR	968 REC	SIMPLE	SIGNATURE	ulge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the typeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs Page 4 may be retained by the hospital or attending physicion.

stone is may be a			
5;_1 21, 23m3i			
1. 15. '1			
re briok,			B . , prodeta
oun Temporary Company	a jennefisi	nave e to bretake	ieżas era
	íci:c'e	Trespine	Tiro yara
1 Se <sup>2</sup>	çžėsc		1.00°;
y _ 1 1 ( 10 6 );	Jordan . Y	and the second	0_
	227		
1-, 60			
		NAME OF STREET	michigan Tella III v
The Property of American	E. C. C.	par recair	21-1-1
		្រុខទំណុខសាង ព្រះ	rofia To

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	0	(	7	1	•	1

	()0520	C	ERTIFICATE OF DEATH		00313
death.	1. DECEASED-NAME (Type or print)	by EDNA	Nash	20. DATE OF DEATH January Month 2 & Doy	1967 315A
ours after death	3. SEX	4. RACE	S. DATE OF BIRTH 9 (28)	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HR. MONTHS DAYS HOURS MI
he death certificate be executed within 24 h sattending physician and completely. filled in permit. Then please remave carbon papers ian, ar remaval, and in any event, within 72 h	Odmission) STATE  14. FATHER'S NAME First  160. WAS DECEASED EVER IN U.S. A Yes, na, ar unknown) (If yes gi  18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMME Conditions, if ony, which gav rise to immediate cause (o	II. NAME OF HOSPITAL OR INST give street oddress)  OH TO S  GHT S  GIVE STREET ODDRESS  Middle  Lost  GHR V E R  ARMED FORCES? ve wor or dottes of service)  AND SED BY:  DUE TO, OR AS A CONSEQUENCE OF  (b)  (c)  (c)  (d)  (e)  (b)  (e)  (b)  (c)  (c)  (d)	IS. MOTHER'S MAIDEN NAME IS SUSETTE  17. INFORMANT  18. MOTHER'S MAIDEN NAME IS SUSETTE  19. INFORMANT	9. COUNTY OF DEATH  FREDERICK  AL OCCUPATION (Kind of work done oost of working life, even if retired.)  SERET AND NUMBER  O Middle  RINE HART  Address	nox
TTENDING PHYSICIAN: The law requires that to a single by the haspital or attending physician. TOR: After this certificate has been signed by the hould be detached far use as the burial-transit that State Dept. of Health priar ta burial, cremat	190. DATE OF OPERATION 190. DATE OPERATION 190. DATE OF OPERATION 190. DATE OPERATION 190. DATE OF OPERATION 190. DATE OPERATION 190. DATE OF OPERATION 190. DAT	CONDITIONS CONTRIBUTING TO DEATH BUT NO  Lyange & Arter  Pb. CONDITION FOR WHICH OPERATION WAS PERI  YING 21b. TIME OF INJURY  HOUR A.M. Month Day Year	FORMED 20a. AUTOPSY?  YES NO 2  21c. HOW INJURY OCCURRED (Enter  ORY.) 21f. LOCATION Street or R.F.D. No  d fram April 19	20b. If YES, WERE FINDINGS CO CAUSES OF DEATH?  or nature of injury in Port 1 or Port 2, 1  city or Town  5.7, to 1/2.8, 19  inian death accurred on the da	County State
TO HOSPITAL OR A Page 4 may be ref TO FUNERAL DIREC director, page 3 s should be filed wir	22d. PHYSICIAN'S NAME (Type)	R SCHOOL MAN	22e. ADDRESS BRADDO EMETERY OR CREMATORY TO GROVE	MED. DIRECTOR STAFF PHYS.	(County) (State) CO MD
VR A15 IAP	24. TUNERAL WIKELOK	D AUDKESS 1	250. RECD	1 0 4 4000	relas moses

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00923				ERTIFIC	ATE OF	DEATH				()	09.	20	
1. DECEASED-NAME (Type or print)	First		Middle		Last		2a. DATE OF		Day	ν.		2b. HC	
(Type or prim)	Charl	.es	н.	No	rris			Jan.	10,1	.968	ear	8:15	
3. SEX		4. RACE			S. DATE OF E			6. AGE (In year	ars _	IF UNDER 1	† YEAR OAYS	IF UNDER 24	4 HRS. MIN.
Male		W	hite		Apri	1 13, 1	-	last pirthday	YRS.	MUNITIS	UATS	HOUKS	min
7a. BIRTHPLACE (State	ar fareign 7	b. CITIZEN OF W	/HAT COUNTRY?	8. MARRIED	NEVER MA	KKIEU	COUNTY OF	DEATH			UE:		
(auntry) W. Va.		US		WIDOWED		RCED 🗌		rederi					Mo
10. CITY OR TOWN OF	DEATH	11. N	NAME OF HOSPITAL OR INS	TITUTION (If n	at in haspital	12a. USUAL	OCCUPATION	(Kind of work	dane	12b. KI INDUS		BUSINESS C	)R
Freder			Frederick	Mem.H	lospit	al Ca	rpent	er	1160.)	Bu	ild	ling	
13a. USUAL RESIDENCE admission) STATE	(Where deceased	lived, if institu		13c. CITY OR		13d. INSIDE CITY LIM		REET AND NUME					
Marylan		13b. COUNTY			Airy			RFD# 3					
14. FATHER'S NAME	First	Middle	Last			NAIDEN NAME Fir			ddle			Last	
	harles	W .	Norria			artha	E11						
Yes, no, ar unknawn	(ER IN U.S. ARMEL ) (If yes give war o				NFORMANT				lress				
			214-18-10		Mrs Z	urah No	rris,	R# 3	Mt.	Ai	PV	Md.	
	EATH (Enter anly TH WAS CAUSED E		line far (q), (b), and (c).)	Son	1 /					BE	TWEEN ON	NSET AND DEA	ATH
11100	MMEDIATE	CAUSE (a)	+u/mma	7 6	mod	100				-			
Constitution of the	111	DUE TO, OR	AS A CONSEQUENCE OF	.0 0	1	1 . =							
Canditians, if any		(b)	myocand	cal	Interior	tim				-			
stating the unde	erlying cause	DUE TO, OR	AS A CONSEQUENCE OF										
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
PART 2. OTHER S		1			) THE TERMINA	AL DISEASE ORCO	INDITION GIVE	N IN PART I(a)					
190. DATE OF OPER		WILLIAM EUD W	HICH OPERATION WAS PER	* -	20a. AUT	OPCV2	206 15	YES, WERE FINE	DINGS CO	NCIDEDE	D IN CE	PTIEVING	
19a. DATE OF OPER	CATION 170. CO	NUTTON FOR W	HICH OFERATION WAS FEE	LOKIMED	YES T			OF DEATH?	JINOS CO	MAIDENEL	D IN CE	KIIIIIII	
21g. ACCIDENT W	/AS LINDERLYING	21b. TIME (	OF INITIPY	21c H		CURRED (Enter	nature of injur	ov in Part 1 or 1	Part 7 la	em IR)	-		
	CAUSE OF DEATH	HOUR A.M.	. Manth Day Year	- 30	OTT INJUNT OF	CORNED (EITHEI	natore at injur	y m run i ui i	un 2, 11	6111 10.)			
OR CONTRIBUTING  (If either, natify  2 Id. INJURY OCC	IIDDED 21a DI	ACE OF INHIDY			CATION See	ent or D.F.D. No.	City	ar Tawn		Caunty	,	Sto	nto.
While Nat w	11110	ACE OF INJUKT	( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	7 211. 10	CATION SITE	er ur K.r.D. NO.	city	ui Tuwn		cuuniy		310	116
at wark at we	ark —	hamital) at	tended the decease	d from	1210	31 10 6	) to (7	Tun. 10	10	68	that	(1) (105	)  a-
saw the	deceased aliv	re an	1 10 68	9an	d that in (n	nv) (aur) opin	ian death o	occurred an	the dat	e and	haur	and fran	n th
causes s	tated abave,	(I) (we) <del>(did</del> )	) (did nat) view the l	oady after	death.	,, (,							
22b. SIGNATURE	1.		0	-2.01	ATTEND	ING A ME	D —	STAFF -	22c. D	ATE SIGN	NED		
U	ustin	Jan	· K. w	DEGR	REE PHYS.	DII DII	RECTOR L	PHYS.	/	1101	16	8	
22d. PHYSICIAN'S NAME (Type)	Ansti	n Pass	re, Jr. M	D	22e. AD		Пома	A == 0	Trans		ا ماء	Ma	3
						4 Toll							
23a. BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DA		23c. NAME OF (			MAL EU		N (City or Taw		(Caunty		(State)	
REMOVAL (Specify		13,196	Mon Mon	tgomer	ry Met	h.	Cla	gettsv	ille	M	de	7.11	
24. FUNERAL DIRECTOR	Moles	worth.	ADDRESS Damascus	. Md		DATE JA	N 1 6	25b. REGI	Pilie	SIGNALUI	KE C	udge	
OT T11 T		0119	Damerocus	9 Pille		DATE OF	TU	IUUU A	-	-	VA	1	

DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur-director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 habes after

0.000		MARK TO STATEMENT		AGUAA
F 1:8	· · · · · · · · · · · · · · · · · · ·	<b>=</b> 1,7101		a Iradi
	7	,35 250	ojtie.	
	10 ( 11.4			
, i	n-t-	Cotton Les		10 15 1
	2 10 19 N	Ger will the	.o =44 e.c.	Surl'in
		adviation of a	Favor	
. M 272	orrdo, të 3, ët	S. Morris Bred 190	_\	0
	in Taylor Con-			
	STATE OF THE PARTY		to a feet a second	

All Succession of the care took to the All

J. Thomas, M.D.

VR A15ME 10M REV. 1/68

50

Health

**EXAMINER'S** 

NAME (Type)

23a. BURIAL, CREMATION

24. FUNERAL DIRECTOR

Robert

M.R. Etchison & Son-

23b. DATE

Jan. 11-1968

Frederick, Md.21701

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

ADDRESS Whilmore 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

Frederick, Md. 21701

23d. LOCATION (City or Town)

DEPUTY MEDICAL EXAMINER

ADDRESS(Street, city, town, or county)

(County)

00921

2d. HQUR

Year

1969

12b. KIND OF BUSINESS OF

Smith

Md.

BETWEEN ONSET AND DEATH

20. AUTOPSY?

County

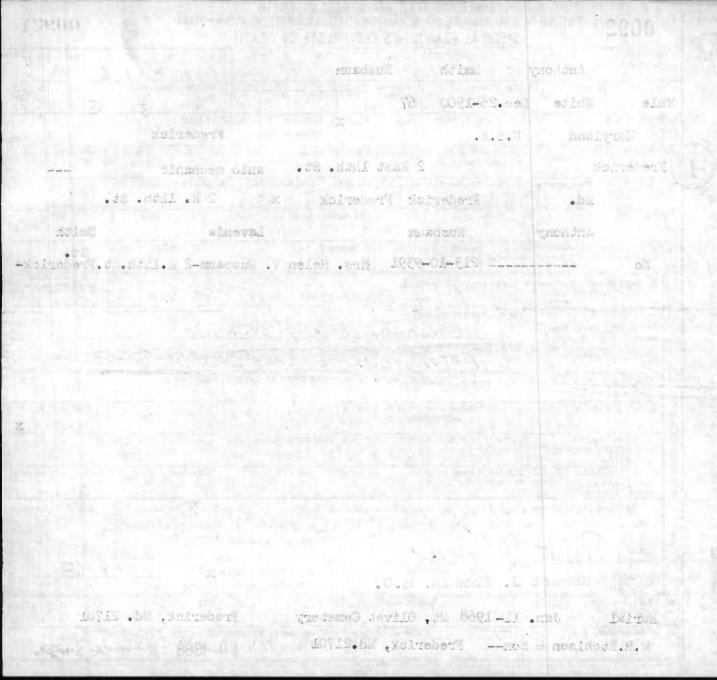
NO X

Stote

ond in my opinion

(Stote)

INDUSTRY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00922 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First 20. DATE KNOWN Month 2b. HOUR Yeor (Type or Print) OF ESTI-1968 Page DEATH MATED Carrie Elizabeth 4 RACE IF UNDER 24 HRS. 2d. HOUR S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOLINCED DEAD last birthday) MONTHS 681 6-16-1886 YRS. Deporf Temale Negro
70. BIRTHPLACE (Stote or foreign 7 0. 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED | DIVORCED [ U.S.A. Frederick with the Stote 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Domestic give street oddress) INDUSTRY Lime Kilm Rt 2 Frederick 13d. INSIDE CITY LIMITS? deoth. 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13b COUNTY pencil in Item 18. Frederick Lime Killn YES IN IX land 2 ofter First 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Charley NMN Hall Caroline NMN Truman pages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) Rt.2 Frederick. Md 216-22-7659 Caroline Bowie \*\*\*\*\*\*\*\*\*\*\*\* E \_ within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) be executed PART I. DEATH WAS CAUSED BY Suffocation pending IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF Carbon Monoxide Intoxication Conditions, if ony, which gove rise to immediate couse (a), should writing the word DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) This certificate 0 removol 190. DATE OF OPERATION 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? the certificate. NO X 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. Fire CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.)
Home WHILE NOT WHILE AT WORK Lime Kiln Maryland 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection x, Inquiry and in my apinian Accident X death resulted fram: Natural causes Suicide [ Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 1-15-68 DEPUTY MEDICAL EXAMINER X Robert J. Thomas, M.D. **EXAMINER'S** Heolth ADDRESS(Street, city, town, or county) 812\_Toll House NAME (Type) 50 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

VR A15ME 15

C.E. Hicks.111

1-16-68

230. BURIAL CREMATION. REMOVAL (Specify)

Burial

24. FUNERAL DIRECTOR

Frederick . Md

Hopehill

2So. REC'D BY REGISTRAR

Frederick 2Sb. REGISTRAR'S SIGNATURE

cateon				TEN THE STORY OF THE PARTY OF T
\$2. <b>\$</b> 3.	4 5 14 14		diades/15	
164	5.			-Mi-b on a since
	_ doinghost			1.3.37 Land
	0.1130.00		S Frederick	distribution of the second
*	ent July	Total of	id salashari	D- 1
A.W. Congilla		out forms.	If all	rofixed
	3:1.8.48 alk			
		1 11027		
17	oga ožnotna se		A STATE OF THE STATE OF	
	n kont bet			2000 XVV 1
	X III		Ser Person	A Janes China
(-15.65	The state of			59
				fif, siel

FOR STATE HEALTH DEPT. ny delay is and 3 lorm. This certificate should be executed within 24 hours after death the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with DICAL EXAMINER:

TO DEPUTY

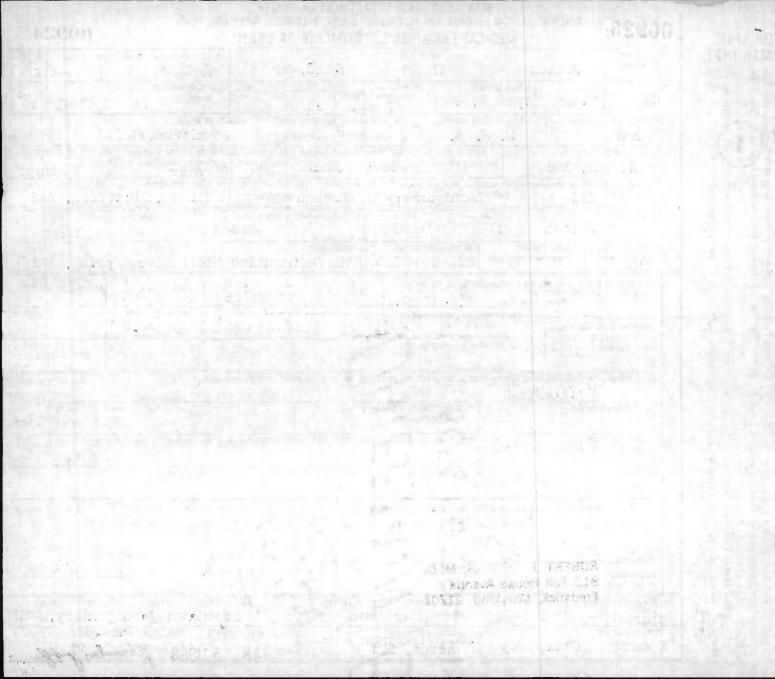
VR A15ME TO

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages I and 2 with the State Department Health prior to burial, cremotion, or removal, and in any event within 72 hours ofter death 5 moy be retoined for your files.

MARYLAND STATE DEPARTMENT OF HEALTH 00924 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

The continue of the continue			MILDICA	AL LAAMII	IACK 2	CIVIIIICAI	L OI DE	-7111				U.Ta	
Harry Edward Offord   1968   1878   1884   1886   1887   1888	1. DECEASED-NAME	First		Middle		Lost			2a. DATE KN	OWN Month		Year	2b. HOUR
SEX   4 RACE   S DATE OF BIRTH   6. AGE   In years   1 SUPPORT   12	(Tipe of Timi)	Harry	T	Edward	(	Offord					13	1968	3 N
Male Negro 12-24-1884 83 785   Moutis	3. SEX			TH 10			IF UNDER	24 HRS.					
DISTRIPTION OF DEATH    NUMBER   STATE   STATE	16:2				last birthday)	MONTHS DAYS	HOURS	MIN		Day	Year		
DIVORCED   DIVORCED   Prederick   M.  O. CITY OR TOWN OF DEATH   1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital paye street odders)   120. USHAN EXISTITUTION (If not in hospital paye street odders)   120. USHAN EXISTITUTION (If not in hospital paye street odders)   120. USHAN EXISTITUTION (If not in hospital paye street odders)   120. USHAN EXISTITUTION (If not in hospital paye street odders)   120. USHAN EXISTITUTION (If not in hospital paye street odders)   120. USHAN EXISTITUTION (If not in hospital paye street odders)   120. USHAN EXISTITUTION (If not in hospital paye street odders)   120. USHAN EXISTITUTION (If not in hospital paye street odders)   120. USHAN EXISTITUTION (If not in hospital paye street odders)   120. USHAN EXISTITUTION (IF not in hospital paye street odders)   120. USHAN EXISTITUTION (IF not in hospital paye street odders)   120. USHAN EXISTITUTION (IF not in hospital paye street odders)   120. USHAN EXISTITUTION (IF not in hospital paye street odders)   120. USHAN EXISTITUTION (IF not in hospital paye street odders)   120. USHAN EXISTITUTION (IF not in hospital)   120. USHAN EXISTITUTION (IF not in with street in the street in using the use of usual paye street in users of usual paye street odders of usual paye street in users of usual paye street and users of usual paye street and users of usual paye street and users of usual paye s								-	1			168	1 XM
CALIFORNIA CONTRIBUTION   The As A CONSCOUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION   The Terminal Disease or Condition Given in Part 1(a)		ite or foreign 76	. CITIZEN OF WHA	AT COUNTRY?				9. COU	INTY OF DEATH	1			
11. NAME OF HOSPITAL OR NISTITION (Find in hospital during most of working life, even if retried.) INDUSTRY COURTED (Where deceased lived, if institution: Residence based risk.)  136. COUNTY Prederick Mid Dax Rose (IT UNITS) 26. STEET AND NUMBER (Where deceased lived, if institution: Residence based risk.)  137. COUNTY Prederick LimeKilm YES NO IN Rt 2 Frederick, Mid  14. FAIRER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME FIRST MIDDLE REMAINS NAME MAIDLE REMAINS NAME MAIDLE REMAINS NAME MAIDLE REMAINS NAME MAIDLE REMAINS NAME MIDDLE REMAINS NAME MAIDLE REMAINS NAME MIDDLE REMAINS NAME MIDDL	Md	n	.S.A.		WI	DOWED D	VORCED	Fr	ederi	ck			Mo
Su USUAL RESIDENCE (Where deceased lived, if institution: Residence before] 18. CITY of York    Jab. NOBLE   Jab. COUNTY   Frederick   LimeKiln   Yes   No   No   Rt 2   Frederick, Md	O. CITY OR TOWN	OF DEATH	11. NA	ME OF HOSPITAL	OR INSTITUTIO	N (If not in hospi		JSUAL OC	CCUPATION (Kin	nd of work done			NESS OR
30. USUAL RESIDENCE (Where deceased lived, if institution, residence before 13c. CITY OR TOWN   13b. COUNTY   13	T 3 W.4	7	give st	reet address)	D	1 .3 363							
Source   Conditions, it only, which gove into to immediate cause of lost   190. Date of OPERATION   190. CONTRIBUTION FOR AS A CONSEQUENCE OF lost.   190. Date of OPERATION   190. CONTRIBUTION FOR WHICH O			lived if institut	RT 2 F	rece	V OP TOWN	13d INSIDE CITY	LIMITS	Yard	Labor	3/2-3/2-3	*	
RATHERS NAME   First   Middle   Lost   IS. MOTHERS MAIDEN NAME   IS. MOTHERS NAME   IS. MAIDEN NAME   IS. MAID   IS. MOTHERS NAME   IS. MAIDEN NAME   IS. MAIDEN NAME   IS. MAID   IS. MAID   IS. MOTHERS NAME   IS. MAID   IS. MOTHERS NAME   IS. MAID   I		rr '	12L COUNTY									1. 355	
Richard Harrison Offord  SO WAS DECEASED FYER IN U.S. ARMED FORCESS ("es, no, or unknown)  Richard Harrison Offord  SO WAS DECEASED FYER IN U.S. ARMED FORCESS ("es, no, or unknown)  B. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c))  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE ("es, no, or unknown)  DUE TO, OR AS A CONSEQUENCE OF Carbon Monoxide Intoxication  (b)  DUE TO, OR AS A CONSEQUENCE OF Carbon Monoxide Intoxication  (b)  DUE TO, OR AS A CONSEQUENCE OF Carbon Monoxide Intoxication  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITION TO TH		_ Md		reder:	ick L	1meK 11n	152   1	NO [X]	Rt	2 Fred	eric	K, MO	ı
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   PART I. DEATH WAS CAUSED BY.   SURFOCIATION   DUE TO, OR AS A CONSEQUENCE OF Carbon Monoxide Intoxication   DUE TO, OR AS A CONSEQUENCE OF Carbon Monoxide Intoxication   DUE TO, OR AS A CONSEQUENCE OF Carbon Monoxide Intoxication   DUE TO, OR AS A CONSEQUENCE OF Carbon Monoxide Intoxication   DUE TO, OR AS A CONSEQUENCE OF Carbon Monoxide Intoxication   DUE TO, OR AS A CONSEQUENCE OF Carbon Monoxide Intoxication   DUE TO, OR AS A CONSEQUENCE OF Carbon Monoxide Intoxication   DUE TO, OR AS A CONSEQUENCE OF Carbon Monoxide Intoxication   DUE TO, OR AS A CONSEQUENCE OF CARbon Monoxide Intoxication	4. FATHER'S NAME	First	Middle		Lost	1S. MOTHER'S A	IAIDEN NAME	First		Middle		Last	
SOUND SECERATE PURE IN U.S. ARMED FORCES? ("yes, no, or unknown)	P.	tahand	Hannia	on Off	ond		Ta	1037		NMN	Torr	gon	
(1)   (1)						17 INFORMANT	270	103			U et y	2011	
Removal (ause of Death (Enter only one cause per line for (a), (b), and (c).)   PART 1. DEATH (MAS CAUSED BY: Suffocation   DUE TO, OR AS A CONSEQUENCE OF Carbon Monoxide Intoxication   DUE TO, OR AS A CONSEQUENCE OF Carbon Monoxide Intoxication   DUE TO, OR AS A CONSEQUENCE OF Carbon Monoxide Intoxication   DUE TO, OR AS A CONSEQUENCE OF (b)   DUE TO, OR AS A CONSEQUENCE OF (c)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION (c)   PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPÉRATION (c)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION (c)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION (c)   PART 3. OTHER 5.			for dates of service)				D		. D.I				
PART I. DEATH WAS CAUSE OF DEATH  Conditions, il ony, which gove isse to immediate cause (o). Stating the underlying cause lost.  PART I. DEATH WAS CAUSE OF:  IMMEDIATE CAUSE (o).  DUE TO, OR AS A CONSEQUENCE OF  (c).  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  190. DATE OF OPERATION  191. EXTERNAL CAUSE WAS PERFORMED?  101. EXTERNAL CAUSE WAS PERFORMED?  102. AUTOPSY?  YES \ NO \  103. EXTERNAL CAUSE WAS PERFORMED?  104. HOUR A.M.  194. Fire  105. CONDITION FOR WHICH OPERATION  192. AUTOPSY?  YES \ NO \  105. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  105. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  106. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  108. EXTERNAL CAUSE WAS PERFORMED?  109. DATE OF INJURY Month, Day, Year HOUR A.M.  194. Fire  104. Lime Kiln. Maryland  105. CONDITION FOR WHICH OPERATION  105. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  105. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  106. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  105. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  106. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  106. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  107. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  108. CONDITION FOR WHICH OPERATION  109. DATE OF O	NO	77	KK.	210-55	-7659	Caroli	ne Bo	OWIE	Kt	z Fred			
DUE TO, OR AS A CONSEQUENCE OF	18. CAUSE O	F DEATH (Enter only	ane cause per lin	ne for (a), (b), and	d (c).)								
DUE TO, OR AS A CONSEQUENCE OF Carbon Monoxide Intoxication    Conditions, it any, which gave inse to immediate cause (a), stating the underlying cause lost.	PAKI I.	DEATH WAS CAUSED I	CALISE (a)		Suff	ocation	1					-1	1.0
Carbon Monoxide Intoxication    Carbon Monoxide Intoxication	1890	X		AS A CONSEQUENCE	CF OF		3.34.87						
Due to, or as a consequence of lost.    Due to, or as a consequence of lost.	Canditions, il	any, which gave		AS A CONSEQUENT	Carb	on Mond	oxide	In	toxica	ation			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)    19a. Date of operation	rise ta imme	diate cause (a),		AC A CONCEOUEN	CF OF							4	-
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WHILE AND PERFORMED?  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WHILE AND PERFORMED?  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PART 2. Item 18.)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WHILE AND PART 1(a)  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WHILE AND PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WHILE AND PART 1(a)  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION PART 10.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION PART 10.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION PART 10.  22c. NATE SIGNED  1 - 15 - 68  ADDRESS(Street, city, town, or county)  PART 2. DATE SIGNED  1 - 15 - 68  ADDRESS(Street, city, town, or county)  PART 2. DATE SIGNED  1 - 15 - 68  PART 2. DATE SIGNED  1 - 15 - 68  PART 2. DATE SIGNED  1 - 15 - 68  PART 2. DATE SIGNED  1 - 15 - 68  PART 2. DATE SIGNED  1 - 15 - 68  PART 2. DATE SIGNED  1 - 15 - 68  PART 2. DATE SIGNED  1 - 15 - 68  PART 2. DATE SIGNED  1 - 15 - 68  PART 2. DATE SIGNED  1 - 15 - 68  PART 2. DATE SIGNED  1 - 15 - 68  PART 2. DATE SIGNED  1 - 15 - 68  PART 2.		nderlying cause	DUE TO, OK	AS A CONSEQUEN	CE Ur				- 35-75				
19a. Date of Operation   19b. Condition for which operation   20. Autopsy?   Yes   No   No   No   No   No   No   No   N		,	(c)									17.7	
19a. DATE OF OPERATION  19a. CONDITION FOR WHICH OPERATION  21a. EXTERNAL CAUSE WAS PERFORMED?  21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF INJURY Month, Day, Year HOUR A.M.  P.M.  19  Fire  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  P.M.  19  Fire  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  P.M.  19  Fire  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  P.M.  19  Fire  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  P.M.  19  Fire  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  P.M.  19  Fire  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  P.M.  19  Fire  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  P.M.  19  Fire  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  P.M.  10  Fire  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  P.M.  10  Fire  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  P.M.  10  Fire  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  P.M.  10  Fire  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  P.M.  10  Fire  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  P.M.  10  Fire  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  P.M.  10  Fire  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  P.M.  10  Fire  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  P.M.  10  Fire  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  P.M.  10  Fire  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  P.M.  10  Fire  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 2, Item 18.)  P.M.  10  Fire  21c. HOW	PART 2. OTHER	SIGNIFICANT CONDITI	ONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED	TO THE TERMINAL	DISEASE OR	CONDITIO	N GIVEN IN PA	RT 1(a)			
PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M.  19  Fire  21e. PLACE OF INJURY (At hame, form, street, foctory, affice building, etc.)  Home  12a. I certify that I taak charge af the remains described abave, held an Autapsy , Inspection , Inquiry , and in my apinion death resulted from: Natural causes , Accident , Syicide , Hamicide , Undetermined manner , Actual Signature  EXAMINER'S NAME (Type)  Robert J. Thomas, M.D.  ADDRESS(Street, city, tawn, or county)  BURIAL, (REMATION, REMOVAL (Specify))  Burial  HOUR A.M.  P.M.  19  Fire  21f. LOCATION Street or R.F.D. No.  City or Town  County State  Inquiry , and in my apinion  Autapsy , Inspection , Inquiry , and in my apinion  CHIEF MEDICAL EXAMINER    ASSISTANT MEDICAL EXAMINER    1-15-68  ADDRESS(Street, city, tawn, or county)  812 Toll House A  33a. BURIAL, (REMATION, REMOVAL (Specify)  Burial  Frederick, Md	z 9160	2				121 12 19							
PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M.  19  Fire  21d. INJURY OCCURRED  WHILE  AT WORK  AT WOR	19a. DATE OF	OPERATION		19b. CONDITION F	OR WHICH OF	PERATION				- Valent	20.	AUTOPSY	?
PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M.  19  Fire  21d. INJURY OCCURRED  WHILE  AT WORK  AT WOR	5		CLATHE									YES [7]	NO FOR
PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M.  19  Fire  21e. PLACE OF INJURY (At hame, form, street, foctory, affice building, etc.)  Home  12a. I certify that I taak charge af the remains described abave, held an Autapsy , Inspection , Inquiry , and in my apinion death resulted from: Natural causes , Accident , Syicide , Hamicide , Undetermined manner , Actual Signature  EXAMINER'S NAME (Type)  Robert J. Thomas, M.D.  ADDRESS(Street, city, tawn, or county)  BURIAL, (REMATION, REMOVAL (Specify))  Burial  HOUR A.M.  P.M.  19  Fire  21f. LOCATION Street or R.F.D. No.  City or Town  County State  Inquiry , and in my apinion  Autapsy , Inspection , Inquiry , and in my apinion  CHIEF MEDICAL EXAMINER    ASSISTANT MEDICAL EXAMINER    1-15-68  ADDRESS(Street, city, tawn, or county)  812 Toll House A  33a. BURIAL, (REMATION, REMOVAL (Specify)  Burial  Frederick, Md	21a EVTEDNIAL	CALICE WAS	1916 TIME OF I	MILIDY Manak Day	. V	21- HOW MINDY	OCCHDDED (F			0 1 0 10		163	NO LA
CAUSE OF DEATH  P.M.  19  Fire  21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK AT WORK  Phome  22a. I certify that I taak charge af the remains described abave, held an Autapsy , Inspection , Inquiry , and in my apinian death resulted from: Natural causes , Accident , Syicide , Hamicide , Undetermined manner   ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Robert J. Thomas, M.D.  ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   1-15-68  ROBERT J. Thomas, M.D.  ADDRESS (Street, city, tawn, or caunty)  BURIAL, CREMATION, REMOVAL (Specify)  BURIAL, CREMATION, REMOVAL (Specify)  BURIAL  BURIAL CREMATION, REMOVAL (Specify)  BURIAL  1-16-68  Hopehill  Frederick, Md		OR CONTRIBUTING	HOUR A.M		γ, τεσι	ZIC. HOW INJURT	OCCORRED (EL	nter natu	re at injury in	Part I or Part 2,	Item 18.)		
WHILE AT WORK AT WORK Home    1	CAUSE OF DEA			١.	19	F	re						
22a. I certify that I taak charge of the remains described abave, held an Autapsy, Inspection, Inquiry, and in my apinian death resulted from: Natural causes, Accident, Swicide, Hamicide, Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)			ACE OF INJURY (A	t hame, farm, str	eet,	21f. LOCATION Stre	et ar R.F.D. Na	).	City or To	own	County	1	State
22a. I certify that I taak charge of the remains described abave, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Syicide, Hamicide, Undetermined manner  ACTUAL SIGNATURE	WHILE	NOT WHILE	,.	j, etc.)	1000				Time	vil.	7/1-	- F	- A
death resulted from: Natural causes, Accident _x, Syicide, Hamicide, Undetermined manner  ACTUAL SIGNATURE				a manager to the		- 1 -11 A		,			,		
ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  Robert J. Thomas, M.D.  BURIAL, CREMATION, REMOVAL (Specify)  Burial  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  ADDRESS (Street, city, town, or county)  BURIAL, CREMATION, REMOVAL (Specify)  Burial  CHIEF MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  ADDRESS (Street, city, town, or county)  BURIAL, CREMATION, REMOVAL (Specify)  Burial  CHIEF MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  1-15-68  ADDRESS (Street, city, town, or county)  BURIAL, CREMATION, REMOVAL (Specify)  BURIAL  BURIAL (Specify)  BURIAL (SPECIFY OR CREMATORY)  BURIAL (SPE												id in my	/ apinian
ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  Robert J. Thomas, M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DE	death r	esulted from:	Natural cause	es 🔲, Acci	ident 🗶 ,	Sylicide	Hamicio	de 🔲,	Undeterr	nined manner			
SIGNATURE  EXAMINER'S NAME (Type)  Robert J. Thomas, M.D.  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, town, or county)  BURIAL, CREMATION, REMOVAL (Specify)  Burial  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, town, or county)  SIZ Toll House A  23c. NAME OF CEMETERY OR CREMATORY  Burial  Burial  Trederick, Md	F-8385	1/0	1	1		/	HIEF MEDICAL	EXAMINE	ER 🗍				
EXAMINER'S NAME (Type)  Robert J. Thomas, M.D. DEPUTY MEDICAL EXAMINER ROBERTS (Street, city, town, or county)  BURIAL, CREMATION, REMOVAL (Specify)  Burial  Robert J. Thomas, M.D. ADDRESS (Street, city, town, or county)  23c. NAME OF CEMETERY OR CREMATORY  Burial  Robert J. 1-15-68  ROBERT J. TOLI House A  23c. NAME OF CEMETERY OR CREMATORY  Burial  Robert J. Thomas, M.D. ADDRESS (Street, city, town, or county)  Robert J. Thomas, M.D. ADDRES		Corp	er V	1) (1 A1	1101	/ un A	SSISTANT MED	ICAL EXA	MINER	22b. DAT	E SIGNED		
NAME (Type)  Robert J. Thomas, M.D. ADDRESS(Street, city, town, or county)  Robert J. Thomas,						IVI.U.				1-1	15-68	8	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1-16-68 Hopehill 23d. LOCATION (City of Town) (State) Frederick, Md		Robe	rt J.	Thomas	. M.F								ise A
REMOVAL (Specify) Burial 1-16-68 Hopehill Frederick, Md							D VE 22/ 2/1001	-		Frede	erick	K, N	1d.
Burial 1-16-68 Hopenill Frederick, Md	REMOVAL (Spe	cify)		30 100 0				23d.	LOCATION (Cit	y ar Tawn)	(County)	, , , , ,	,
	Burial		6-68			11			1	Frede	rick		Md
	24. FUNERAL DIREC	TOR	7 -111				2Sa. REC'	D BY REC	GISTRAR	2Sb. REGISTRAR'S	SIGNATUR	it.	
F. Hicks. 111 Frederick. Md DATE JAN 16 1968 Policyles Surges	C.E. Hi	cka 111	ਸਾਤ	ederic	k. Md		DATE	IAN	1 6 19	38 900	worle	1 Com	tax.

3000					
ξ.,		010710		Filtra.	
61		5.9	5811-	A-11 and	97874
102.00				a 4.	¥.
and the contract	1014	A PRINCIPAL	2 H		
the servence of					
		ba	olog doe	ria brais	
u. golpadaul 9 il					0
		\$ 11 EF - GV 2.1			
notification and the	want shirten				
		P No.			
					entra de
	10. 20				
				District of	
, 10:				60-31-1	Partiery.
			Foliabler:	1-4	11.3.0



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	0	•	1	">	1	
1	V	4	y	Pw	2)	)

	003
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauss after death.  Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the vineral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death.	1. DECEASED-NA (Type or pri
F - ra	3. SEX
1 2 3 5	Fer
5 2	7a. BIRTHPLACI country)
d id id id id id id id	Mary ID. CITY OR TO
hin fille thin thin	
with the state of	Fred  13a. USUAL RE admission) S
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauss after Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the vindicator, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 of the place of the prior to burial, cremation, or removal, and in any event, within 72 haurs after contains the property of the place of the prior to burial, cremation, or removal, and in any event, within 72 haurs after contains the property of the place of the prior to burial, cremation, or removal, and in any event, within 72 haurs after contains the property of the place of the property of the place of the property of the place	
any come	14. FATHER'S N
b pe se le	Geo:
ficate ysicio plec al, ar	Yes, no, or u
phy phy nave	18. CAU!
ath nding it. T	PAR
affer erm on, o	41
t the	Condition
than an. by rans	rise to in
ires ysici ned ial-t ial,	last.
sig bul	PART 2.
aw nding been the ar to	190. DATE
the latter and a l	190. DATE 210. ACC OR CON (If either
N: I	210. ACC
CIA iffice iffi iffi	☐ OR CON
rysi cer chec pt. c	210. 110
this this deta	While at work
by the ffer be obe of State	22a. I
R: A Uld	sa
ATT estair CTO Sha isth	22b. SIGN
OR De ri	-3 No.1
ral all bog page	22d. PHY
V PER PER	
子言言	23a. BURIAL (
00001111	

Gladhill Co.

	00000	1		CE	KIIFICA	IE OF DEAL	П			47 (747)		
	CEASED-NAME	First		Middle		Lost	2	2a. DATE OF DEATH		•	2b. HQUR	
(1	ype or print)	Alda	S	usan	SI	nank		Jan	h Day	1 1968	73AM	
3. SE	X		4. RACE			DATE OF BIRTH			In years	IF UNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.	
	Femal	е	White		5	Sept.4,1	.879	188	rthday) YRS.	MONTHS OAYS	HUUKS MIN.	
7a. B	BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF WHAT COU	NTRY? 8	MARRIED	NEVER MARRIED	9. 0	COUNTY OF DEATH				
	arvlan	d	U.S.A.		WIDOWED	DIVORCED		Frederic	k		Md.	
ID. C	ITY OR TOWN OF	DEATH		HOSPITAL OR INSTI	TUTION (If nat			CCUPATION (Kind of		12b. KIND OF INDUSTRY	BUSINESS OR	
F	rederi	ck	give street ad	Mon.	tevue	aurii	OUS	of working life, ever e Wife	ir retired.)		Home	
13a. admi	USUAL RESIDENCE ssion) STATE M	(Where deceose arylan	d lived, if institution: Res	idence before land	3c. CITY OR TO Midd.	letovins X		130. STREET AND West	NUMBER Main	Stree	t	
14. F	ATHER'S NAME	First	Middle	Last	15. A	OTHER'S MAIDEN NA	ME First		Middle		Last	
	George	Washi	ngton Ca	rson		Susa	n		? 5	Souder	S	
160.	WAS DECEASED E	VER IN U.S. ARMI	ED FORCES?	CIAL SECURITY NO	. 17. INF	ORMANT			Address V	Vest M	ain St.	
1	es, no, or unknowr NO	1) (III yas giva wa	ir or dules or service)		Mr	s. Cathe	rdir	Shank	Midd	lletow		
			y one cause per line far (	a), (b), ond (c).)	- 1	/	1 1	1			IMATE INTERVAL DINSET AND DEATH	
	PART I. DEA	TH WAS CAUSED	BY: TE CAUSE (a)C	ndes	tino	Heart Ki	rel	und		2m	ectos	
h	412	7	DUE TO, OR AS A CO	NSEQUENCE OF	0	1		0 1	1	1		
	Conditions, if an		(b) A	rtesia	sclero	he Card	1-N	rearly sh	starl	13 M	ears	
	rise to immedic		DUE TO, OR AS A CO	NSEQUENCE OF								
	last.	)	(c)								10-15	
Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) $422$											
MEDICAL CERTIFICATION	19o. DATE OF OPE	RATION 19b. C	ONDITION FOR WHICH OPE	RATION WAS PERF	RFORMED 20g. AUTOPSY? YES NO			2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
CER	210. ACCIDENT V				21c. HOW	INJURY OCCURRED	(Enter na	ature of injury in Part	1 ar Part 2,	Item 18.)		
DICA	OR CONTRIBUTING	medical examin	er) P.M.	h Day Year 19								
ME	21d. INJURY OCC While Not wat work	CURRED 21e. I	PLACE OF INJURY (AT HOMI	E, FARM, STREET, FACTO BUILDING, ETC.	RY.) 21f. LOCA	TION Street or R.F.I	D. No.	City ar Tawn		County	State	
	22a. I certify	that (I) (this	s haspital) attended	the deceased	from Ma	uch 9,	1964	L, to Jan	7.5, 19	68 , that	(I) (we) last	
	saw the	decensed of	ive an , (I) (we) (did) (did no	13 19	WX and 1	hat in (my) (aur	) apinia	an death accurred	l an the da	ite and haur	and fram the	
	22b. SIGNATURE	LeRo	479)	pres	DEGREE	ATTENDING PHYS.	MED. DIREC		22c.	DATE SIGNED	8	
	22d. PHYSICIAN'S NAME (Type		Roy T. Dav	'is		22e. ADDRESS Profe	essi	onal Bu	ildih	g /Fr	ederic	
23a.	BURIAL CHANAD	ON.X 23b. D	ATE 20.15,1968	23c. NAME OF CE Luth		ematory Cemetery		23d. LOCATION (City of Middleto		(Caunty)	(Stote) Md.	
24	CHAICDAL DIDECTO	D		ADDRESS	MARAT	at at types pr	C'D RV D	PEGISTRAP 25h	DEGISTRAD'S	SIGNATURE		

Md.

#1 E. Main St.

dseon	A STANDARD OF STANDARD STANDAR	Tan bassan
4.1		

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00926

. (2)
deoth deoth
after ne fun ges 1 after
D Signal
24 h
ithin on by fin
pletel corb ent,
and completely remove corbon n any event, with
n and se re
ificate ysicia pleo ol, an
ng ph Then
deoth thendi rmit.
t the o
s tho cian. d by I-tron , cren
equire physi signe buriol buriol
ow rending been the or to
the latter hos lse os
IAN: tal or ficote for u
HYSIC hospi s certi ached ept. o
VG PI the er this e deto ate De
ENDII led by S: Afth bid be the St
retain retain ECTO S shou
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24-hours after death.  Poge 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72-hours after death.
SPITA 4 md VERA lor, p Id be
Poge Poge
W

0,00				CERTIFICA	ATE OF	DEATH				
1. DECEASED-NAME	First		Middle		Last		2a. DATE OF D		V	2b. HOUR
(Type or print)	XXXX	XXXX EST	HER ELIZ		Sha			Jan D	TY Year 1966	450p1
3. SEX		4. RACE			. DATE OF I	BIRTH9-11-	1880	6. AGE (In years		IF UNDER 24 HRS.
Feamle		White			XXXXX	XXXXXXX	*XXXXXXX	N87 Pirmaoy)		HOURS MIN.
O. BIRTHPLACE (Sto	ate or foreign	7b. CITIZEN OF WH	IAT COUNTRY?	B. MARRIED	NEVER MA	RRIED X	COUNTY OF D	EATH	-4-7-6	
Massach	nusetts	U.S.A.		WIDOWED		ORCED 🗌	Frede	rick		M
O. CITY OR TOWN	OF DEATH	11. NA	ME OF HOSPITAL OR IN	STITUTION (If nat	in haspital	12o. USUAL		Kind of work dane		BUSINESS OR
	k Heigh	ts Vin	treet oddress) Idobona Coi	nvalesc	ent H	ome 7	eache	e, even if retired.)	INDUSTRY	None
130. USUAL RESIDEN	ICE (Where decea	sed lived, if instituti	on: Residence befare	13c. CITY OR T	OWN	13d. INSIDE CITY LIMI	ITS? 13e. STRE	ET AND NUMBER	9 <u> </u>	
odmissian) Mary	land	13b. COUNTY F	rederick	Frede	rick	YES NO	$\Box$ 307	W. Colle	ege Terra	ice
14. FATHER'S NAME		Middle	Last	15.	MOTHER'S A	MAIDEN NAME Fire	st	Middle		Lost
Gorg		ace Shaw		VIATE VI		rence H	Harlow			
160. WAS DECEASED	EVER IN U.S. AR.	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY		FORMANT			Address		
No			214-46-5	o15 Mr.	W. 0	sborne S	schade I	Rt.# 5 F1	rederick,	Md.
			ne far (a), (b), and (c).							ISET AND OFATH
PAKI I. I	DEATH WAS CAUSE IMMEDI	ATE CAUSE (a)		Bra	1 ch	Jus	uman	4-	1/1	1168
41	X		S A CONSEQUENCE OF	•	0	uzu				1
	any, which gove diote couse (a),	(b)		Lut	Tue	uzu			110	168
stating the u	nderlying couse		S A CONSEQUENCE OF							
last.		(c)								
PART 2. OTHE	R SIGNIFICANT CO		TING TO DEATH BUT N			-				
S 180	A LIGHT		rebras		e. no	Je le ros	100 150	74 Se 41	considered in an	DELEVINO
190. DATE OF C	PERATION 19b.	. CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	2Do. AUT			DE DEATH?	CONSIDERED IN CEI	RIIFTING
	T WAS UNDERLYI				W INJURY O	CCURRED (Enter I	nature of injury	in Part 1 or Part 2	?, Item 18.)	-
	ify medical exam	iner) P.M.	19	9						
While No	t wark		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	100			for the	r Town	County	State
22a. I cert saw t	ify that (1) (the	nis haspital) atte	nded the decease	ed from 1965, and	thot in (r	ny) (our) apin	, to	curred on the c	9.65, that date and have a	(I) (we) las
cause	s stoted obov	e, (I) (we) (díd)	(did act) view the	body after de	eoth.					Herita I
22b. SIGNATUR	SN	Poliera	luen ?	h p DEGREE	ATTEND PHYS.	ING ME	D. RECTOR	STAFF PHYS.	c. DATE SIGNED	68-
22d. PHYSICIA NAME (Ty		R. Scho		MD.	22e. AD Brac	DRESS		Maryland		
230. BURIAL, CREM		DATE	23c. NAME OF	CEMETERY OR C				(City or Town)	(County)	(State)
Cremati	on I-	18-1968	Cedar	Hill Ca	remate	ory	Washing	nton. D.	.C.	THE ST
24. FUNERAL BIREC	10R-12	tacker	ADDRESS			2Sa. REC'D BY	REGISTRAR	ton D	R'S SIGNATURE	المال
Robe	rt F Pr	2 my 8/8	on Erodos	ciols M	٦	DATE	- 4 400	of orche	eves you	7

ASP(m) - Told Cafe St. Aver an independent of the company states o	V\$200
	T.s.
error o ella de la	
e de la companya de l Companya de la companya de la	

.

Erma	Jear	Smith			U	911	3	1968	112	M
3. SEX	4. RACE		1	S. DATE OF BIRTH		6. AGE (I	n yeors	IF UNDER 1 YEAR MONTHS   DAYS	IF UNDER	
Female	Wh	nite		Nov. 28		last bin	YRS.	MONTHS	llooks	I I I I I I I I I I I I I I I I I I I
7a. BIRTHPLACE (State or foreign country) Maryland	76. CITIZEN OF WH	AT COUNTRY?	8. MARRIED [	NEVER MARRIED DIVORCED		ederic	k			Md
10. CITY OR TOWN OF DEATH Frederick		ME OF HOSPITAL OR INS				PATION (Kind of vorking life, even		12b. KIND OI INDUSTRY Fa	F BUSINES	S OR
13o. USUAL RESIDENCE (Where deceased admission) STATE Marylar		an: Residence before Fred.	13c city or Thur		NO.	13e. STREET AND RD				
14. FATHER'S NAME First John B. Gr	Middle iomes	Last	15.	MOTHER'S MAIDEN NAM Flor	ME First	Stu	Middle		Last	
16a. WAS DECEASED EVER IN U.S. ARME Yash no. or unknawn) (If yes give wor	D FORCES? or dates of service)	214-28-	NO. 17. IN 1006 G	FORMANT erald R.	Smit	h Th	Address ur mon	nt, Md	• R	D 1
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT COND	BY: E CAUSE (a)  DUE TO, OR A  (b)  OUE TO, OR A  (c)	Shock US A CONSEQUENCE OF US A CONSEQUENCE OF US A CONSEQUENCE OF US A CONSEQUENCE OF	ntersti cysteli	tial par s cholesit THE TERMINAL DISEASE	hiasi	s chabel	achal: tt	26 a	la ys	
	12/11/67 Cholecystitis					20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				G
G CAUSE OF DEATH	HOUR A.M. P.M.	INJURY Manth Day Year	9 21c. HO	W INJURY OCCURRED (I		af injury in Part	1 or Part 2,	Item 18.)		
21d. INJURY OCCURRED 21e. F While Nat while at wark at wark	PLACE OF INJURY	( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LO	ATION Street or R.F.D.		City or Town		County		State
22a. I certify that (I) (this saw the deceased ali causes stated abave,	ve an 3 Ja.	HUALY	1968 and	that in (my) (our)	9, apinian d	ta <u>5Jan</u> leath accurred	an the da	than the and have	it (I) (w r and fr	₩) las am the
22b. SIGNATURE	. 6	fea m.		ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		DATE SIGNED  San 19	168	
22d. PHYSIČIAN'S NAME (Type) Melv	in E. I	Lea		22e. ADDRESS Med:	ical	Center	Fred	derick	Md	•
23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. D.	ATE -6-68		CEMETERY OR	REMATORY OWN Cem-		LOCATION (City or		(County)	(Stat	

EADDRESSreager 250. RECO BY

ymond

2Sa. REC'D BY REGISTRAR

1968

25b. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely-fifted in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages and sended to be detached for use as the burial, crematian, or remaval, and in any event, within 72 haurs after deather the state of the stat

FUNERAL DIRECTOR

24.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital or attending physician.

IL STREET, LESS LINE			60000
0.00000			02600
	The Property of the State of th		
	100	da Arion Brook	1 T
		e a	
	and the location of		patricipes and
		In proceed to the Sport of the State of the	Mazi ebner
			b 17 19
	The state of the s		
	F. 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17		
		Berthard St. A. C. Control	
	of animal lection	WIND THE REAL PROPERTY OF THE PARTY OF THE P	
			e 6
Control Sales			

.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00928

100										
		rst	Middle		Last	2a.	DATE OF DEATH	nah Dave	V	2b. HOUR
(1)	ype ar print)	AgarET	#-	<	rouder		( )	inth Day	year 948	4 AM
3. SE.	X	4. RACE	1161-01	S.	DATE OF BIRTH		6. AGE	(In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
	FEMALE	WRITE			4-27.	- 1913	I dst b	irthday) 54 YRS.	MONTHS DATS	HOURS MIN.
	BIRTHPLACE (State ar fareign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED X	NEVER MARRIED	9. COI	UNTY OF DEATH			
caun	md.	U.S.A.		WIDOWED [	DIVORCED		FREder.	ick		Md
10. C	ITY OR TOWN OF DEATH		OF HOSPITAL OR INS	STITUTION (If not i	n haspital 12a	USUAL OCC	UPATION (Kind at warking life, eve	wark dane	12b. KIND OF	BUSINESS OR
F	CEde Rick	VREAE	Rick 118	Morial	HOSPITAL	Hous	EWITE.	ii ii reiii eu.)	INDUSTRY	
13a.	USUAL RESIDENCE (Where dec ssign) STATE	eased lived, if institution:	Residence before	13c. CITY OR TO		E CITY LIMITS?	13e. STREET AND			
Julia	Marylan	d Isb. Cook		MT. AL	NU-	] NO [	601	South	Main	STREET
14. F	FATHER'S NAME First	Middle	Last	15. A	OTMER'S MAIDEN NA	AME First		Middle		Last
	JE55		114	od		CE lis	ن		Mul	linix
16a. Y	WAS DECEASED EVER IN U.S.	and the state of t	b. SOCIAL SECURITY I		RMANT			60 dess S	. Mair	st.
	es, no er unknawn) (If yes g	2	13-05-7	525 Mr	. Phili	р В.	Souder	Mt.	Airy,	Md.
	18. CAUSE OF DEATH (Enter	anly ane cause per line for	ar (a), (b), and (c).	0 0					BETWEEN (	IMATE INTERVAL DISET AND DEATH
	PART 1. DEATH WAS CAI	EDIATE CAUSE (a)	ener	lized	Carre	nom	aloren		1 mg	V.
	1541 DUE TO, OR AS A CONSEQUENCE OF									
	Canditians, if any, which ga rise to immediate cause (		eleno	core	- married	of	- vecl	un	7~	212.
	stating the underlying cau		CONSEQUENCE OF			0			0	
	last. (c)									
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISEAS	E OR CONDIT	ION GIVEN IN PAR	T 1(a)		
NC	154 X									
CERTIFICATION	19a. DATE OF OPERATION	9b. CONDITION FOR WHICH	OPERATION WAS PE				20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
RTIFI	AES NO CAOSES OF DEATHS									
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)									
MEDICAL	(If either, natify medical ex-	aminer) P.M.	10	9						
	at wark at wark				7	10	0			
	22a. I certify that (I) (this haspital attended the deceased from 17, 1968, to 30, 1968, that (I) (we) last									
	saw the deceased alive an 1963 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the body after death.									
	22b. SIGNATURED / 22c. DATE SIGNED									
	DEGREE PHYS. DEGREE PHYS. DIRECTOR D PHYS. D 30 Sq. 1968									
	22d. PHYSCIAN'S (22e. ADDRESS)									
	NAME (Type) He	iru V.C	hase	80	4 Toll	Hous	se Av	etre	deeric	KMd
23a.		3b. DATE	23c. NAME OF	CEMETERY OR CR	EMATORY	23d.	. LOCATION (City	ar Tawn)	(Caunty)	(State)
	REMOVALIS PECIFY)	2/2/1968	Taylo	rsvill	e	Ta	ylorsv	ille	Carrol	1.Md.
24.	FUNERAL DIRECTOR		ADDRESS		25a. R	EC.D. BX SEC	ISTRAR 40 25	REGISTRARS	SIGNATURE (	udge.
C.	. M. Waltz,	Box 241, 8	Sykesvi	lle, M	d. DATE	LED	2 130		0	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death. haurs **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.

death.

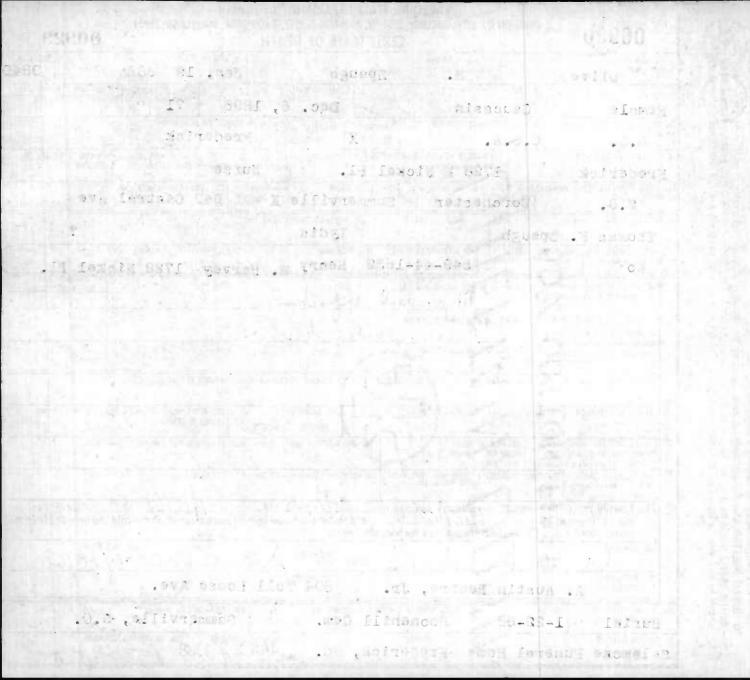
22000					63000
CHAPTER ST.					
		SHOW IN THE			
				Mark St	
6	Cranton .	erica di c	The second		
	V				
	X - 400 X X				
MANAGE TO SERVICE			malak A t		A CONTRACTOR OF THE PARTY OF TH
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EVAL SLAVE	War Alle	2 1.00	ALC: U	MANUEL BAR
4	Trevolvell		verse from	aber'	

00929

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1. D	ECEASED-NAME First Type or print) Olive		Middle B•	Spaugh	7	2a. DATE OF	19 onth 68 Day	Year	2b. HOUR 08 44
3. SI		4. RACE		S. DATE OF BIR	TH		6. AGE (In years	1F UNDER 1 YEAR	IF UNDER 24 HRS.
F	remale	Caucas:	in	Dec.	6, 18	396	last hirthday)	MONTHS DAYS	HOURS MIN
70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	COUNTRY? 8	MARRIED NEVER MARR	151/1	COUNTY OF			
(00)	BIRTHPLACE (State or foreign ntry)	U.S.A.		WIDOWED DIVOR		reder	rick		Md.
10.	CITY OR TOWN OF DEATH	11. NAM	OF HOSPITAL OR INSTI	TUTION (If nat in haspital			(Kind af work dane life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
-	Frederick		Boddess Nick		***			110031K1	
	USUAL RESIDENCE (Where decear	sed lived, if institution		Sc. CITY OR TOWN Summervill	3d. INSIDE CITY LIMI		Central	LAve	
14.	FATHER'S NAME First  Thomas F. S.	Middle paugh	Last	Is. MOTHER'S MAI		st	Middle	?	Lost
160	. WAS DECEASED EVER IN U.S. AR	1 4 1 1	b. SOCIAL SECURITY NO				Address		24113
	Yes, no or unknown) (If yes give to		549-44-1	632 Henry	W. H	arvey	1728 N	ckel	Pl.
	IB. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDI  Conditions, if ony, which gave rise to immediate cause (o), stating the underlying couse lost.	D BY: ATE CAUSE (a) DUE TO, OR AS (b)	for (0), (b), and (c).)  MYOCCODI  A CONSEQUENCE OF  A CONSEQUENCE OF	0	sean			APPROXI BETWEEN O	MATE INTRIVAL INSET AND DEATH
	PART 2. OTHER SIGNIFICANT CO		G TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE OR CO	INDITION GIVEN	N IN PART 1(o)		
MEDICAL CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PERF	ORMED 20a. AUTOP	SY?		YES, WERE FINDINGS COF DEATH?	ONSIDERED IN CE	ERTIFYING
EDICAL CER	21o. ACCIDENT WAS UNDERLYII  or contributing cause of dea (If either, natify medical exami	TH HOUR A.M. iner) P.M.	Month Doy Year	21c. HOW INJURY OCCU		noture of injur	y in Port 1 or Part 2,	Item 18.)	
W	21d. INJURY OCCURRED While Not while at wark	PLACE OF INJURY (A)	HOME, FARM, STREET, FACTO FICE BUILDING, ETC.	RY.) 21f. LOCATION Street	or R.F.D. No.	City	or Town	County	State
	22a. I certify that (I) (the saw the deceased of causes stated above	live an/	18/68_19	, and that in (my		, ta/ pian death o	(18/68, 19. ecurred on the do		(I) (we) last and fram the
	22b. SIGNATURE	lustin (	Veane S	DEGREE ATTENDIN	DIR	D. RECTOR	STAFF PHYS. 22c.	DATE SIGNED	68
	22d. PHYSICIAN'S NAME (Type) A • A	ustin Pe	arre, Jr	22e ADDF 804	Tol1	House	Ave.		
23a		DATE +22-68	23c. NAME OF CE	METERY OR CREMATORY		23d. LOCATIO Summ	ON (City or Town)	(County)	(State)
	FUNERAL DIRECTOR	ral Home	ADDRESS Freder	cick, Md.	25a. REC'D BY	REGISTRAR 19	25b. REGISTRAR'S	SIGNATURE YELL	dan

to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Lagred and should be filled with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deal Page 4 may be retained by the haspital or attending physician. VR A15 (4) 30M REV. 1/68 00930



00931 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 13e Film G397 1/24/68 kJCERTIFICATE OF DEATH 00930 First DECEASED-NAME Lost 2o. DATE OF DEATH 2b. HOUR The law requires that the death certificate be executed within 24 hours after death (Type or print) signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages—and ded Garfield January NMN Spencer le l 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthdoy) MONTHS HOURS Male Negro 12-15-1880 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED ve carban papers. event, within 72 ho country) WIDOWED [ DIVORCED [ Maryland
10. CITY OF TOWN OF DEATH Frederick U.S.A. 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress)

Mon Fevue Infirmary during most of working life, even if retired.)

Farm Fencing

INSIDE CITY LIMITS?

13e, STREET AND NUMBER 7 26 **INDUSTRY** Frederick Farm 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? Street odmission) STATE 13b. COUNTY YES X NO Monterue Frederick Fred crematian, ar remaval, and in any 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost Martha NMN Stevenson NMN Spencer James 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 220-16-3256 Dorthy E. Ambush Rtl Adamstown. Md 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couser by the haspital ar attending physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Health prior ta has been the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO F TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) State Dept. af P.M. detached [ AT HOME, FARM, STREET, FACTORY.] 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 220. I certify that (I) (this hospital) attended the deceased from MA sow the deceased alive on 196%, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did not) view the body after death. director, page 3 sucbe retained 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Proff.Bldg.Fred.Md Bernard Thomas Jr 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) Md Fred Frederick 1-13-68 Fairview 1968 FCLIANCES 24. FUNERAL DIRECTOR Frederick, Md 30M REV. C.E. Hicks, 111

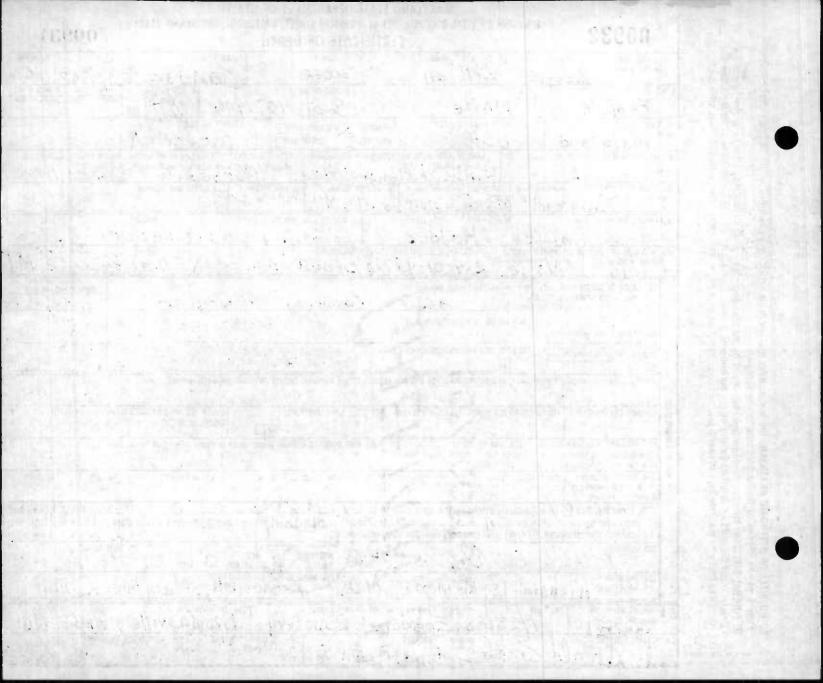
MARYLAND STATE DEPARTMENT OF HEALTH

				10000
Lucano.				
18 B0 1 11 traduct	1100	91.6	5/10/2	
	Section of the sectio	01	25 1 1	Male
30173/071				bunky M
allegas. Local de	III. res	STIE PHYSE		Molymbers
early .o. The volume		og page		5-1
movos a la like antan		100% 10,8		
Ambuch Btl Admistons.	. Porthrot.	8305-34-08		6
	1000			
		Transport (Section)		
			4-1-50	
		A PRODUCT OF STREET		
		MATERIAL PARTY IN COLUMN TWO IS NOT THE OWNER.		The second
51,3.891.17.	0			)
Bill Lary and States				
		6 " " " "	J. E. T.	enterm as a

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-	1		00000		CER	IIFICALE OF DE	AIH	00,	
E . ME				First	Middle	Last	2a. DATE OF DEATH		2b. HOUR
er deot		(1	ype or print)	LLIE LII	lian	SPENCER	Janus	th Day 3 Year	RIJA N
E	- 1	3. SE		4. RACE	,	S. DATE OF BIRTH		(In years IF ONDER ) YEAR	IF UNOER 24 HRS.
that the death certificate be executed within 24 hours after deoth on.  by the ottending physicion and completely filled in by the funeral ransit permit. Then please remove corbon papers. Pages I and cremation, or removal, and in any event, within 72 hours after deoth	1/19		Female	Whit	e	Septi	10, 1900 last bi	rithday) MONTHS OAYS	HOURS MIN.
by Pour		7o. [	SIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT	COUNTRY? 8. N	ARRIED NEVER MARRIED	9. COUNTY OF DEATH	1.	
4 h J in Jers. 72 h	10	COUL	Mary land	USA		DOWED DIVORCED		rich	Mc
in 2 illed pop pop hin	111	10. (	ITY OR TOWN OF DEATH		OF HOSPITAL OR INSTITUT	TON (If not in hospital	2a. USUAL OCCUPATION (Kind of	work done 12b. KIND OF	BUSINESS OR
with form	64	1	redevicti	Fre	devict Men	104191 12021	during most of working life, ever	refretired.) INDUSTRY	Home
ed v	0 1		USUAL RESIDENCE (Where de	ceosed lived, if institution:	Residence befare 13c.		NSIDE CITY LIMITS? 13e. STREET AND	NUMBER	
e executed within 24 h ond completely filled in remove corbon popers.	21	aam	ssion) STATEMAYY	and 13b. COUNTY S	lingtoff Fa	rreti's Mill YES	□ NO □		
ond c	1	14. [	ATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN	NAME First	Middle .	Last
be n or	0		<i>1)</i> a	niel E	older	Jen	ny Hottn	naster ,	200
ficate be ysicion o please of, ond in			WAS DECEASED EVER IN U.S. es, no, or unknown) (If yes	ARMED FORCES? 16	b. SOCIAL SECURITY NO.	17. INFORMANT	2 2 2	Address	110011
physicion.  physicion. signed by the ottending physicion ond α burial-tronsit permit. Then please remoburiol, cremation, or removal, ond in any burial, cremation, or removal, ond in any			es, iio, d dikilawii)	None 23	4-01-422	28 Ernest	Spencer, KiF.	D. #1, Knoxvi	He, Mg
e death certifi ottending phy permit. Then p			18. CAUSE OF DEATH (Ente	er anly ane cause per line f	ar (a), (b), and (c).)		_		IMATE INTERVAL ONSET AND DEATH
andii.			PART I. DEATH WAS CA	AUSED BY: MEDIATE CAUSE (a)	ACUTE	COROWARY	1 THROMBUSI	3 40	leys
te death offendir permit.			4109		CONSEQUENCE OF				1
t th the sit			Conditions, if any, which go rise to immediate cause (						
equires that the physicion. Signed by the burial-tronsit burial, cremainal, c			stating the underlying co		CONSEQUENCE OF				
physicic signed burial-tr			lost.	(c)					
			PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RE	LATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PAR	f 1(a)	
¥ the din		NO	4201	101 COMPLETION FOR WHICH	ODED ATION WAS DEDUCED	MED AND AUTODOVA	TOOL OF VEC WIFE	RE FINDINGS CONSIDERED IN C	EDTICVING
tend tend ss b os os	. Y	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFOR		CALISES OF DEAT		EKIIFTING
AN: The of or of icate he for use Health	^	ERTI	21a. ACCIDENT WAS UNDER	RLYING 21b. TIME OF IN	IIIDV	YES T	NO ED (Enter nature of injury in Port	1 or Port 2 Hom 19)	
			OR CONTRIBUTING CAUSE OF	FOEATH HOUR A.M.	Manth Day Year	ZIC. HOW INJURY OCCURR	to (timel hardle of injury in ron	1 of roll 2, Hent 10.)	
Did it bo		MEDICAL	(If either, notify medical ex		HOME, FARM, STREET, FACTORY,	21f. LOCATION Street or	R.F.D. No. City ar Town	County	State
by the hospi offer this certible deteched State Deot. o			While Nat while	218. PLACE OF INJURY	FICE BUILDING, ETC.	211. LOCATION Street of	K.F.D. NO. City di TOWII	county	Jiule
~ <del>_</del>			22a. I certify that (1)	(this basnital) attone	lad the deserred for	ram 1   14	. 19 6 X, to 1/23	196×, that	All (wa) las
			saw the decease	d glive an/ 2	3 19 0	and that in (my) (	aur) apinian death accurred		
ATTENDING stoined by the CTOR: After a should be dith the State			causes stated ab	pave, (I) (we) (did) (di	d nat) view the bad	y after death.			
			22b. SIGNATURE	PK		MAC ATTENDING PHYS.	MED. STAFF	22c. DATE SIGNED	-/
0 0 2 0			Kuha	rel C. Me	equitely,		MED. STAFF PHYS.	U 1/23/69	6
FOGE 4 may be FOGE 4 may be FOGE 4 may be FOGE 4 may be FOGE 5 may be FO	1		22d. PHYSICIAN'S NAME (Type) Rice	hard C. R	eynolds,	M.D. 22e. ADDRESS	rederick, Ma	aryland 2	1701
HOSPI Poge 4 n FUNER director,		23a		23b. DATE	23c. NAME OF CEME	TERY OR CREMATORY	23d LOCATION (City of		(State)
5 5 5 P	0		REMOVAL (Specify)	1/25/68	EDISCO1		ry Browns	VIII VIASI	, Md.
VR A15	MIST	24.	FUNERAL DIRECTOR	18.60	ADDRESS	250	REC'D BY REGISTRAR 1968	REGISTRAR'S SIGNATURE	nog

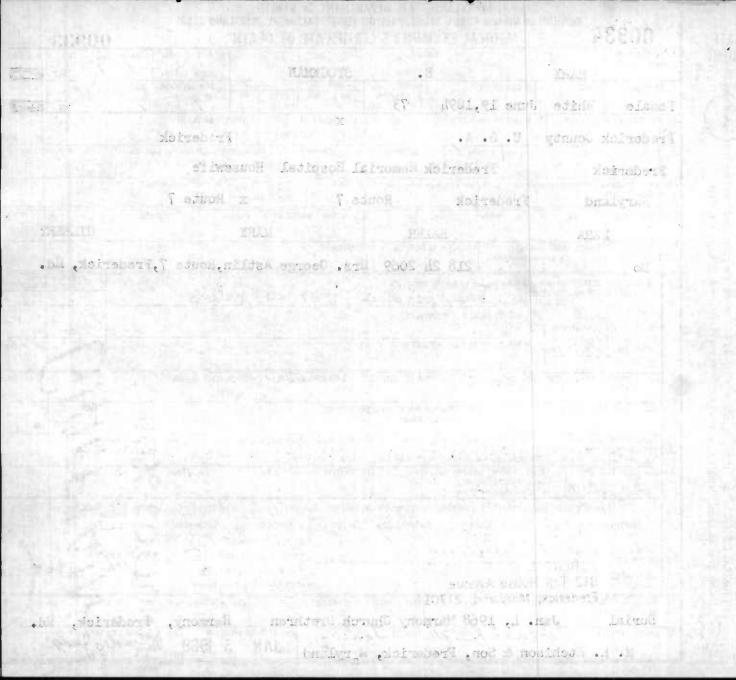


1 0	0093	3 DIVISION	MARYL N OF VITAL RECORD	AND STATE D			IAND 21201	
FOR STATE	Item 2a					TE OF DEATH	DAIL 21201	00932
HEALTH DEPT.	1. DECEASED-NAME (Type or Print)	First		Middle	Last	i i	2a. DATE KNOWN Month	Doy Year 2b. HOUR
Poge pt of		Millard		phus	Stockma		DEATH MATED	19 N
deloy and 30 The Po	3. SEX	4. RACE White	S. DATE OF BIRTH	6. AGE (In y	ears IF UNDER 1 YEARY) MONTHS DA	AR IF UNDER 24 HRS. YS HOURS MIN	2c. DATE PRONOUNCED DEAD  Month Party Days	Year 1968 2d. HOUR
P.M.	Male 70. BIRTHPLACE (S		June 6, 189		MARRIED NEVER	MARRIED D 0 COL	January 18	19 <b>00</b> N
S 1,	Maryla	nd	U. S. A.		_		rederick	M
ath age: th fo	10. CITY OR TOWN	OF DEATH	11. NAME OF	HOSPITAL OR INSTITU	JTION (If not in hose	pital 120. USUAL O	CCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
after death.  3. Give Pages 1.  Jalang with farm with the State Death.	Shook		giv Rout	Frede	rick, Md.		wrking life, even if retired.)	Parking
0 6 K a a	13a. USUAL RESID	ENCE (Where deceas	label institution: R	esidence before 13c. Ro	ute 7	13d. INSIDE CITY LIMITS?  YES NO IX	Route 7, Free	derick, Md.
haurs Item 1 Office 1 and 2	14. FATHER'S NAM		Middle	Lost		MAIDEN NAME First	Middle	Lost
24 h in Ite r's Ol es 1a	Na	thaniel	C.	Stockman	100	Annie		Kimmel
within 24 pencil in caminer's ile pages 72 haurs		EVER IN U.S. ARMED I		OCIAL SECURITY NO.	17. INFORMANT	4. 17.	ADDRESS	4 -1- Ma
within pencil xamine File pag 72 hau	(Yes, no, ar unki		519	24 2069	Ars. Geo	orge Astlin	,Route 7,Fred	APPROXIMATE INTERVAL
ficate shauld be executed with ingood the ward "pending" in pended to the Chief Medical Exaras a burial-transit permit. File I, and in any event within 72 I, and in any event within 72 I.	18. CAUSE PART	. DEATH WAS CAUSE		)), (b) (ind (c).)	1200	· ladir	as Thomselat	BETWEEN ONSET AND DEATH
e execute pending" ef Medical sit permit.	810	9 IMMEDIA	DUE TO, OR AS A C		and age	Moode	1	, 0
be e "pe in		if ony, which gove ediate couse (a),	( )	helo	throne	bosis	Demoral &	
ward ward the Ch rial-tre		underlying couse (a),	DUE TO, OR AS A C	ONSEQUENCE OF	o a la l	1		
she whe whe was to the buri	last. 8/1	1	(c)					
This certificate shauld licate, writing the ward be farwarded to the C d be used as a burial-tr ar remaval, and in any			itions contributing to	DEATH BUT NOT RELA	ITED TO THE TERMIN	AL DISEASE OR CONDITIO	ON GIVEN IN PART I(a)	
writing rwarded rwarded as conaval, ar	190. DATE O	OPERATION	19b. C	ONDITION FOR WHICH	OPERATION			20. AUTOPSY?
This certificate, writh be farwal be farwal be used ar remava	STIFIC			AS PERFORMED?	100			YES NO 🗆
ifficate in This in the period of the period of the interest in the period of the interest in		L CAUSE WAS OR CONTRIBUTING [	21b. TIME OF INJURY				re af injury in Part 1 or Part 2,	Item 18.)
INER: Tie certifice shauld by files. 3 shauld nation, ar	PRIMARY CAUSE OF D		PLACE OF INJURY (At home	2/3/1967	21f. LOCATION St	1	City or Town	County Stote
A + 4 + B	WHILE AT WORK		ctory, office fuilding etc.)				Frederik-Ine	
xecute xecute Page for you OR: Pag	22a.	I certify that I to	ook charge of the rem		bave, held an A	Autapsy 🔭 In:	spection , Inquiry	
Se e extar ned ned a bu	deoth	resulted from:	Natural causes	], Accident	Suicide [	], Hamicide [	, Undetermined monne	r 🔲
Ty please rail direction (AL DIRE	ACTUAL	Greet	- allini	as)		CHIEF MEDICAL EXAMIN		TE CICNED
ury, ary, neral be be per	SIGNATURI	KORFK	T J. THOMAS.	MD	M.D.	ASSISTANT MEDICAL EXAM	INFR S	TE SIGNED - 18-68
TO DEPUTY necessary, the funeral 5 may be r TO FUNERAL Health prin	EXAMINER NAME (Typ	e) 812 10	Il House Aven	ue		ADDRESS(Street, city, to		
5 # 2 5 # V	23a. BURIAL, CRE		Maryland 2009				LOCATION (City or Tawn)	(County) (State)
nt	BUTTATE  24. FUNERAL DIR		n.21, 1968		hurch Bre		larmony, Maryl	and
VR A15ME (5)		100	ison & Son,	-	/	- IANI 6	GISTRAR 25b. REGISTRAR	and the second
10M REV. 1 48	IVI	· R. BOCH	Tooli & Dou	rrederic	K, Maryla	THE DAIL TO SE		

S6600				15001
		stoc.ndn	Guide I	basili
85 25	riem is to		in that to the	edine oin
	Modern ex	7.		and I tak
	hortuni -	e)		modelonio
e ::	Communication of the second	7 20204	o '*½=1 ∢ E	la de de de la constante de la
Lemin -	ottuti	Market Si	miooda ka	Latinitable
		1080 .sim 95	218 26 20	0.
		130	G. C. Sin Sp.	
	4			
E A. A.		Charles Services	Maryland 21761	Abasis 11
	, 000 201 A.S.		100	THE STREET STREET ST
1	deel of Shat and	MANUEL COLOR	and a correction	Magaz A . I

STEED OF BE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** 00933 HEALTH DEET 1. DECEASED-NAME First 20. DATE KNOWN Month Day 2b. HOUR Yeor (Type or Print) ESTI-OF ny delay is 2, and 3 ta Page 40 E. STOCKMAN MARY DEATH MATED AGE (In years IF UNDER 24 HRS 3 SEX 4. RACE 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 2d. HOUR 73 YF HOURS June 19,1894 White Female YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Pages 1, the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office alang with farm Frederick County U. S. A. WIDOWED [ DIVORCED [ Frederick with the Stat 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital hours after death 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Trederick Memorial Hospital durin Housewill fe, even if refired.) INDUSTRY Frederick 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER ddmission) STATE and Frederick Route 7 Route 7 YES NO TO Item 18 l and 2 after 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First First Middle GILBERT MARY EZRA BAKER pages haurs 2 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS be executed within pencil (Yes, no, or unknown) 218 24 2069 Mrs. George Astlin, Route 7, Frederick, Md. No 18. CAUSE OF DEATH (Enter only one cause per-line for (a), (b), and (c) \_= event within permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Fracturex pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a). certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES TO NO pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Yeor 21c. HOW INJURY OCCURRED (Entry nature of injury in Party) or Part 2, Item 18.) may be retained tar your TITES. FUNERAL DIRECTOR: Page 3 shauld PRIMARY OR CONTRIBUTING crematian, SICAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, officenbuilding, etc.) WHILE AT WORK AT WORK burial 220. I certify that I took charge at the remains described above, held an Autapsy Inspection . Inquiry and in my opinion Accident 7 Suicide death resulted fram: Natural causes Hamicide Undetermined manner prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY J. THOMAS, M. D. DEPUTY MEDICAL EXAMINER Health 812 Toll House Avenue NAME (Type) ADDRESS(Street, city, town, or county) 230. BURIAL CREMATION COLORS ROAM MARYLAND A DESCRIPTION OF CEMETERY OR CREMATORY 0 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Jan. 4. 1968 Harmony Church Brethren Harmony. Frederick. 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1968 M. R. Etchison & Son, Frederick, M ryland VR A15ME 10M REV. 1



## FOR STATE

00935

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 haurs after death. 5 may be retained far your files.

VR A15ME (A)

TO DEPUTY

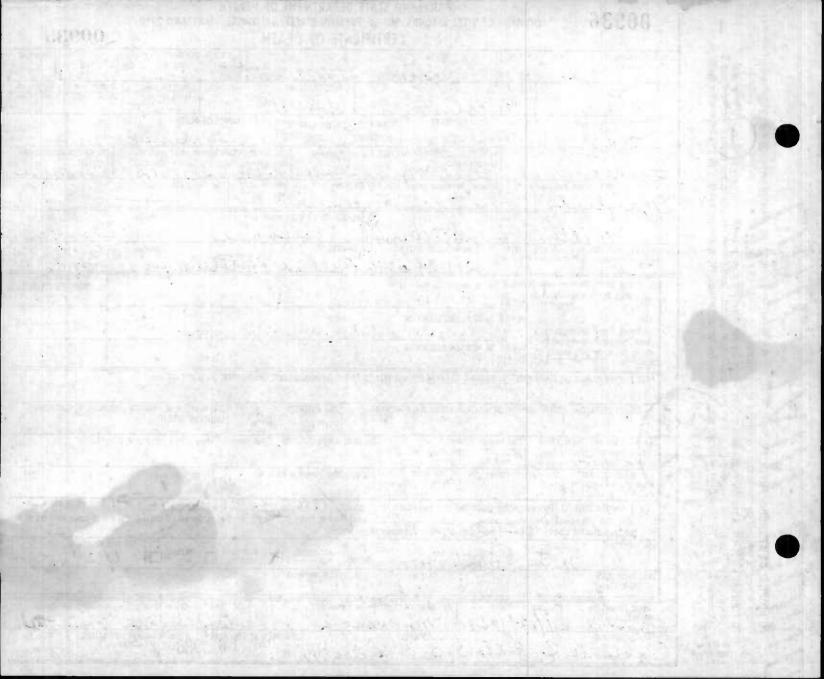
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1,70			MEDIC	AL EXAMIN	ER'S CE	RTIFICATE	OF DE	ATH			009	934	
1. DECEASI		Firs	it	Middle		Last		20	DATE KNOW	Manth Manth	Doy	Year	2b. HOUR
(Түре о	or Print)	JOHN		MELVIN		STONE			OF ESTI- DEATH MATED	M /	14	1968	? M
3. SEX		4. RACE	S. DATE OF BIRT	TH 6. A	GE (In years	IF UNDER 1 YEAR	IF UNDER 2	- 4	. DATE PRONOL				2d. HOUR
MALI	E	WHITE	AUGUST	28, 1896	71 YRS.	MONTHS OAYS	HOURS	MIN	Manth /	Day	Yea	1968	130 M
	,	or foreign	7b. CITIZEN OF WHA			RRIED NEVER M	ARRIED	9. COUNT	Y OF DEATH		V., V		
MAR.	YLAND		U. S.	Α.	WIDO	OWED DIV	ORCED	FF	EDERIC:	K			Md.
	R TOWN OF		11. NA	ME OF HOSPITAL OR	INSTITUTION	(If not in hospita			PATION (Kind a			D OF BUSI	NESS OR
FRE	DERIC	K	Give st FRE	reet oddress)	EMORIA	L HOSPIT	ALduring	ET IRE	orking life, eve	n if retired.)	CONS	TRUC	TON
			sed lived, if institut	tion: Residence befo			3d. INSIDE CITY L		e. STREET AND		10 0010		22.02.1
odmissi	ARYLA	ND	13 FREDER	RICK	FREI	ERICK	YES X N	10 🗆 ]	28 W.	Patrick	Str	eet	
14. FATHER	R'S NAME	First	Middle	Los	t	IS. MOTHER'S MA	IDEN NAME	First	Toryno	Middle		Lost	
	J	OHN	ELIAS	STONE	C	17395	F	LORA			CA	STLE	
		ER IN U.S. ARMED		16b. SOCIAL SECURITY		7. INFORMANT			AC	DRESS FI	eder	ick,	Md.
YES	5 unknaw	W.	W. # I	217 10 0	739 N	RS. KATH	ERINE	STON	E, LO	2. 2nd.	St.		
18.			nly ane cause per lig	ge far (a), (b), and (	c).)					2000		PPROXIMATE I	
1 1	PART I. D	EATH WAS CAUSE IMMEDI	ED BY: IATE CAUSE (a) H	cute A	od C	HRONIC	Carre	90541	ur Her	RI Fa	KUN	Q	
14	1007			AS A CONSEQUENCE	OF								
		nγ, which gave iate cause (a),	(b) 63	ATERIO	SUE	3077c	CAR	10100	Ascut.	DE	Wsa	250	
stati	ing the un	derlying cause	DUE TO, OR	AS A CONSEQUENCE	OF								
last.	422	-/-	) (c)					1111				5.10	
PART		-1	DITIONS CONTRIBUTION			TO THE TERMINAL	DISEASE OR C	ONDITION	GIVEN IN PART	1(a)		-//-	
No.		CHRON	ic AL	COHOLI.									
19a.	DATE OF O	PERATION		19b. CONDITION FOR WAS PERFORME		RATION					20.	AUTOPSY	1
E E	EVER NA											YES [	NO
	EXTERNAL (	AUSE WAS R CONTRIBUTING		NJURY Month, Doy, Y A.	eor 2	1c. HOW INJURY O	CCURRED (Ent	ter nature	af injury in Port	1 or Part 2, 1	tem 18.)		
E CAU	JSE OF DEAT	Н	. P.N									200	
-	INJURY OCC	or while fo	PLACE OF INJURY (A actory, office building	it home, tarm, street 3, etc.)	, 2	1f. LOCATION Street	ar R.F.D. Na.		City or Town		Caunty	1	State
AT V	WORK A	T WORK		Mark Land				9.13	-	11.50		- 1	-
			taok charge af th						ectian 🔼,	Inquiry [		id in my	opinion
	death re	sulted from:	Natural cause	es 🛴 , Accide	ent [],	Suicide,	Homicid	e	Undetermin	ed monner			
ACI	TUAL /	1/1	A Onto			· CH	IEF MEDICAL	EXAMINER					
	NATURE	1 Coper	& xuu	our		IVI.D.	SISTANT MEDI		_	22b. DATE		10	,
	AMINER'S						PUTY MEDICAL					-68	
	ME (Type)		ert J. T	homas,	M.D.	912 Toly	THOUSE						
	IAL, CREMAI OVAL (Speci Lal	fu)	DATE			OR CREMATORY			OCATION (City o	7.6 2	(County)	,	ate)
	RAL DIRECTO		an. 18,19	68 Mount	OTIVE	t Cemete	25a. REC'D		ederic	REGISTRAR'S			ryland
100									1968 ZSC	Clien	BIGNAUK	ndge.	
141 -	n.	rcurso	n & Son,	Frederick	, Mar	yland	DALAN	10	10001	7	1	-	p. 1-1

PERIOR STREET			18000 T
		HEALD	PERSONAL PROPERTY.
		<u> 2. 194 je 33 1980</u>	Like aki
NO.		.8 .0 .0	La Guardin
rational de la conti	ea lorgestal na	COST A DESTRICT.	100
1.25 il. Persion shrant	19 Z <sub>10</sub> 20 Z3		and the second
Thence Leaves and Americals, No.	is Original original	1 217 10 0739	
X			
Ever included and	oscon fir t-MA.		dandoj s
for spiriture colerate.		The state of the s	

			MARYLAND STATE DEPARTMENT OF HEALTH
1	1	1/2	10936 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
			CERTIFICATE OF DEATH 00935
-	22		CEASED-NAME / First Middle Lost X2a. DATE OF DEATH 2b. HOUR
100	eat	(1	ype or print) Agrand Stattle and Manth Day Year
6	A 5 - 5	3. SE	
-	E A		male white 6/20/1905 last birthday) AVS HOURS MIN.
an in	Ta a	70. E	VIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MAPPIEN 7) NEVER MAPPIEN 9. COUNTY OF DEATH
24 hz	ie s. s.	coun	md. U.S.a. WIDOWED DIVORCED DIVORCED DIVORCED M
6		10. C	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
-	carban ent, with	-	Frederick give street address) men. Lasp. during most of working life, even if retired.) INDUSTRY Employee
-	letely arban nt, wi	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1/3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
4	camplet nove carly event,	odmi	manufacture 13b. COUNTY The Turkeren YES NO
3	and campres of a second ca	14. F	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last
9	and or rem in an		milton & Stattlemen Louis - Thompson
	cian		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. / J.Z. INFORMANT Address
- 3	al, al,	Y	es, no or unknown) (If yes give war or doles of service) 217-34-034/ Mildred & Stattlemen 1.
- 5	by the attending physician and control from transit permit. Then please remore cremation, or removal, and in any		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN OMST AND DEATH
4	it.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASHD WITH
-	n, o		410. O DUE TO, OR AS A CONSEQUENCE OF
4	atio		(Conditions, if any, which gave)
2	cian. d by th transit , crema		rise to immediate cause (a).  Stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF
DUVELLIAM. The law comings that the death conflicts he econited within	attending physician. has been signed by se as the burial-tran h priar ta burial, cre	100	last. (c)
	physicic signed burial-t burial,		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
	ding leen seen street	z	4201
ě	attending has been se as the h priar ta	ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
2	atte atte has se a th but has	CERTIFICATION	YES NO CAUSES OF DEATH?
-	are are early		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
5		MEDICAL	or Contributing Cause of Death HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19
>	by the haspital ar at fler this certificate ho be detached far use State Dept. af Health	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County State
	this leta De		While Nat while at work Office Building, ETC.
OP ATTEMPTING	be de tate		22a   certify that (1) (this hasnital) attended the deceased from 19 to 19 that (1) (we) a
2	ed led led led led led led led led led l		saw the deceased alive an 10 1968, and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated abave, (1) (we) (that) (did nat) view the bady after death.
H	tain thau		22b. SIGNATURE 22c. DATE SIGNED
9	be retained DIRECTOR: A ge 3 shauld led with the		DEGREE PHYS. DIRECTOR DIRECTOR PHYS.
	AL DIS		22d. PHYSICIAN'S 22e. ADDRESS
Y E	NERAL D ctar, page uld be file		NAME (Type)
O DOCEITAL	Page 4 may be retained by the haspital or C FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far ushould be filed with the State Dept. af Healt	23a	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
0	Page Spreet		PRMOVAL (Specify) 1/13/1968 Monacacy Bealbright Monty 180
-	- Late	24.	EUNERAL DIRECTOR 250. REGISTRAR 256. REGISTRAR'S SIGNATURE
	30M REW 1 68	10	onstance C Hellon Barnesvelle MI DATE JAN 16 1968 fleeres
	V	-	



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00936

1. DECEASED-NAME	First	Middle		Last	2a. DATE OF DEATH	2b. HOUR		
(Type or print)	Marjori	Le G.	Stough	nton	Jan. Month 24 Day	1968 7-15		
3. SEX Female	4. RACE	White		July 28-1891	6. AGE (In yeors lost birthday) 76 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN		
	mpshire	U.S.A.	WIDOWED	DIVORCED	Frederick	M		
10. CITY OR TOWN OF D Frederic	k		ck Mem. I	Hosp. Field	OCCUPATION (Kind of work dane st of working life, even if retired.) Representative	12b. KIND OF BUSINESS OR INDUSTRY College		
admission) STATE		f institution: Residence be			man 1 3 3 A			
14. FATHER'S NAME		S. Stought		MOTHER'S MAIDEN NAME Fin		Last		
16a. WAS DECEASED EVE Yes, no, or unknawn)	R IN U.S. ARMED FORCES			FORMANT Meredith S. Y	Coung-609Schley A			
	ATH (Enter only one county one COUNTY ON CAUSED BY: IMMEDIATE CAUSE	se per line for (o), (b), an	d (c).)	rest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  MCMUCG-		
Conditions, if ony, rise to immediat stating the under last.	which gove)	TO, OR, AS A CONSEQUENCE (b) A CONSEQUENCE TO, OR AS A CONSEQUENCE (c)	uni Ok	terios der	tichent disco	· year		
442	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMINAL DISEASE ORCC	ONDITION GIVEN IN PART 1(a)			
19a. DATE OF OPERA	ATION 196. CONDITION	I FOR WHICH OPERATION W	AS PERFORMED	20a. AUTOPSY?  YES NO NO	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	DINGS CONSIDERED IN CERTIFYING		
3 □ OR CONTRIBUTING	CAUSE OF DEATH HO	. TIME OF INJURY UR A.M. Month Doy P.M.		N INJURY OCCURRED (Enter	noture of injury in Part 1 or Part 2,	Item 18.)		
21d. INJURY OCCU While Nat wh at work of war	RRED 21e. PLACE OF	INJURY (AT HOME, FARM, STR OFFICE BUILDING, ETC	ET, FACTORY,) 21f. LOC	ATION Street or R.F.D. No.	City or Town	County State		
22o. I certify sow the couses st	thot (I) (this hospit deceosed olive on_ oted obove, (I) (we	tol) ottended the de () 2 4 e) (did) (did not) view	the body ofter d	that in (my) (our) opireoth.	ion death occurred on the do	68 , that (I) (we) lose ond hour and from the		
22b. SIGNATURE	nes BI	romas	DEGRE	E ATTENDING MI PHYS. DI	77477	DATE SIGNED -26-1968		
NAME (Type)		B. Thomas		Prof. Bldg	Frederick, Md			
23a. BURIAL, CREMATIO REMOVAL (Specify) Cremation	1-29-1	968 For		Crematory	23d. LOCATION (City or Town)  Washington— D.(			
24. FUNERAL DIRECTOR M.R.Etch	Elwood nison & Son	Freder	ick, Md.2			SIGNATURE		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV. 1/

- ageno				90000
31.0	13 TH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	antifus A	o de la company	hr an
	J	dula- 284 uns		p/mmet
	3(*)-Xebest2		e ( e C )	estandrall and
ey-Lief	wishing organia	aga. Hosp. Fire	it i ru	doing source
(10) 4 A (1) 200 B	Men en cálon	X di dombari	Indeceded	
	and a	ille shura	aotheachta. E a	
	Young-collection	.c. sletheren .n S	F. Com Car S. S. S.	Č
		National Party	See Men Diges	
	and the same			
		and lay.		
			in oroit kud Horabara	

MARYLAND STATE DEPARTMENT OF HEALTH

ysteo 28					28000
wei in		· · · · · · · · · · · · · · · · · · ·		tie.	
	1922	l referenți X	9376		M.C.W.
	inimbari				i potentaji
		a // e	Transfer of the Control of the Contr		
. se emodiani	A	Christian Sa Art	10°	era l	British
W. 1912	eoill		ZVIANEL .	Section.	0.164
.5 _ (sna3a ii) as	.1 .dl .reto d	enkauk .uu	21.6 Ell 534	- Y • • • • • • • • • • • • • • • • • •	P87
	v.				
dan. 29,1960	inely at 1-410				
	violite music	medelled sevel	O shares 8501	(46 • 34)	

# 00939 Pages, and 2 our after depth.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

00938

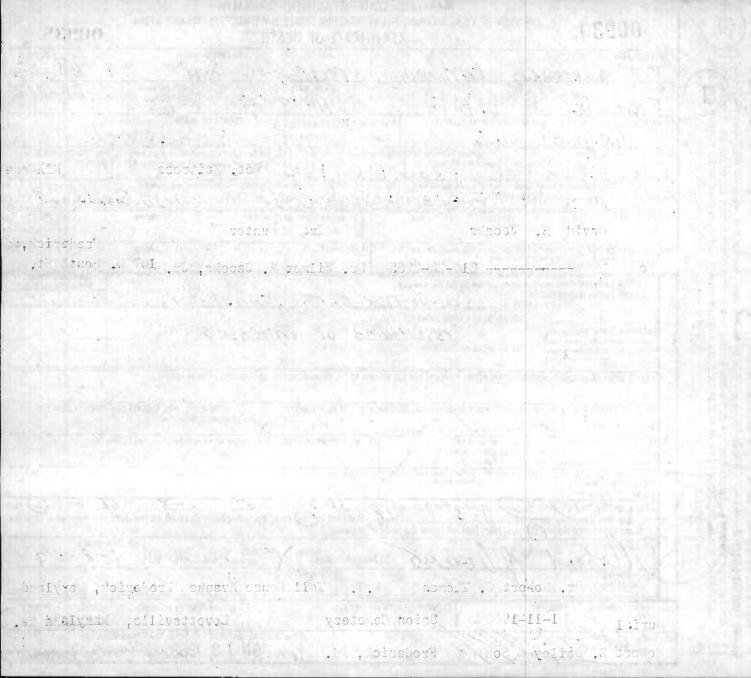
	CENTIFICATE OF DEATH	
	ECEASED-NAME First Middle Last 20. DATE OF DEATH  Type or print)	Yeor/ S 2b. HOUR
_	GERTRUME LETTHERINE POLICE TAND	6050pm
3. SE		UNDER 1 YEAR IF UNDER 24 HRS.  ITHS DAYS HOURS MIN
	FEMALE While 11-18-99 (08 YRS.)	
	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1.
	CITY OR TOWN OF GEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 1	Md.
10.	give street address \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2b. KIND OF BUSINESS OR INDUSTRY
12-	A S S S S S S S S S S S S S S S S S S S	KXKNone
	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY RESERVICE REQUIRES NO 107 W So	rith St
14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  David E. Jacobs Ira Hunter	Last
		Frederick.Md
16a.	. WAS DECEASED EVER IN U.S. ARMED FORCES? (fes_no, or unknown) (If yes give war or doles of service) (If yes give war or doles of service) 214-28-2255	South St.
-		APPROXIMATE INTERVAL
	1B. CAUSE OF DEATH (Enter anly one couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) COTYTESTIVE HETER SPHILLING	
	Canditions, if any, which gove)  DUE TO, OR AS A CONSEQUÊNCE OF CARCINOMA OF PANCREAS	
	rise to immediate cause (a),	
	stoting the underlying cause   DUE TO, OR AS A CONSEQUENCE OF   last. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
2	157×	
CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSI	DERED IN CERTIFYING
TIFIC	NOU 1967 OBSTRUCTIVE JAUNDIE YES NOW CAUSES OF DEATH?	
	210. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item   10c Contributing   CAUSE OF DEATH   HOUR A.M. Month Day Yeor	18.)
MEDICAL	(If either, natify medical examiner) P.M. 19	
W	21d. INJURY OCCURRED While Nat while at wark  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f. LOCATION Street at R.F.D. No.  City or Tawn  City or Tawn	ounty State
	220. I certify that (i) (this hospital) ottended the deceosed from 11-20, 19-67, to 1-8, 19-67, saw the deceased alive on 19-65, and that in (my) (our) apinion death accurred an the date of	, that (I) (we) last
	saw the deceased dive on	and hour and fram the
	causes stated abave (1) (we) (did) (did not) view the bady after death.	SIGNED
1	MD DEGREE PHYS. MED. STAFF DIRECTOR DIRECTOR PHYS.	-8-60
	22d. PHYSICIAN'S 22e. ADDRESS	
	NAME (Type) Dr. Robert J. Thomas M.D. Toll House Avenue Frederic	k. Maryland
23a.	. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	County) (Stote)
		MXKXXXXX Va.
24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	
I	Robert E. Dailey & Son Frederick, Md. DATE JAN 12 1968 Clien	les Judge

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

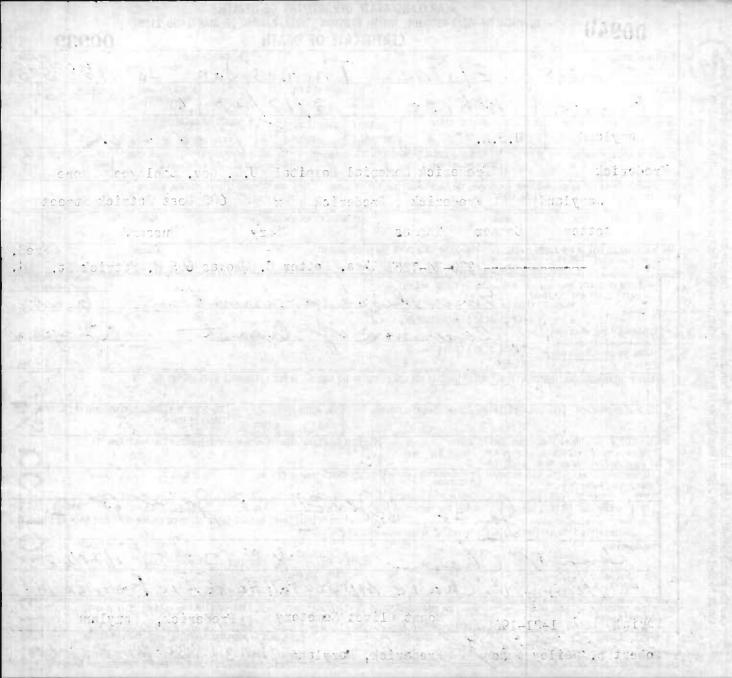
**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages, and shauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after dept.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00940 CERTIFICATE OF DEATH 00939DECEASED-NAME 2q. DATE OF DEATH 2b. HOUR requires that the deoth certificate be executed within 24 hours ofter death (Type or print) 3. SEX 4 RACE 6. AGE (In years 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland physician and completely filled in remove corbon papers U.S.A. DIVORCED WIDOWED [ within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Frederick Memorial Hospital U.S. Gov. Employee **INDUSTRY** Frederick None 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? Maryland 13b. COUNTY Frederick 605 West Patrick Street Frederick YES 😾 14. FATHER'S NAME Middle First Middle Lost 1S. MOTHER'S MAIDEN NAME First Last Motter Conner Thomas Mary Bussard 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Fred. Yes na, or unknown) 220-24-7257 Mrs. Motter C. Thomas 605 W. Patrick St. signed by the ottending phy 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year 50 (If either, notify medical examiner) P.M. detoched 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY. ) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED County State City or Tawn While Nat while at work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an first and from the causes stated abave, (I) ((did) (did not) view the bady after death. saw the deceased alive an 22b. SICKATURE 22c. DATE SIGNED ATTENDING DEGREE director, poge should be filed PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 80470 23c, NAME OF CEMETERY OR CREMATORY
Mount Olivet Cemetery 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (State) Frederick. BUILD (Specify) Maryland -31-1968 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 30M REV. 1/68

Frederick. Marylandate

Robert E. Dailey & Son



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00941 00340 CERTIFICATE OF DEATH 1. DECEASED-NAME TINNEY 2g. DATE OF DEATH KENNETH PIERCE requires that the death certificate be executed within 24 hours after death (Type or print) Januar youth 5. Day 1968 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR Male White February 15, 1926 last hirthday) physicion ond completely filled in by the en please remove carbon popers. Poges ovol, ond in ony event, within 72 hours off 7a. 81RTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED X NEVER MARRIED Waryland Frederick L.S.A. WIDOWED DIVORCED Frederick 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) ick Memorial Hosp. during most of working life even if retired.) Insurance Angent Frederick 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland 13b. COUNTY 808 Montclair Avenue YES NO Frederick Frederick 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Middle Tinney Patrick Ann Elizabeth Shelton James 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, ar unknawn) Yes 219-14-9135 Mrs. Mary J. Tinney 808 Montclair Ave. Fred. W.W. signed by the offending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one cause per line for)(a), (b), and (c).) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) O FUNERAL DIRECTOR: After this certificate hos been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street of R.F.D. No. City or Town While Nat while at wark causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22B. SIGNATURE

director, poge 3

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Caunty State 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR 1-5-1968 M.D. DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. James B. Thomas M.D. 228 N. Market St. Frederick. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, REMOVAL (Specify) Mount Olivet Cemetery Frederick Maryland
TRAR 25b. REGISTRAR'S SIGNATURE Burial 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **JAN 12** Frederick. Marylands Dailev

2b. HOUR

10:20p

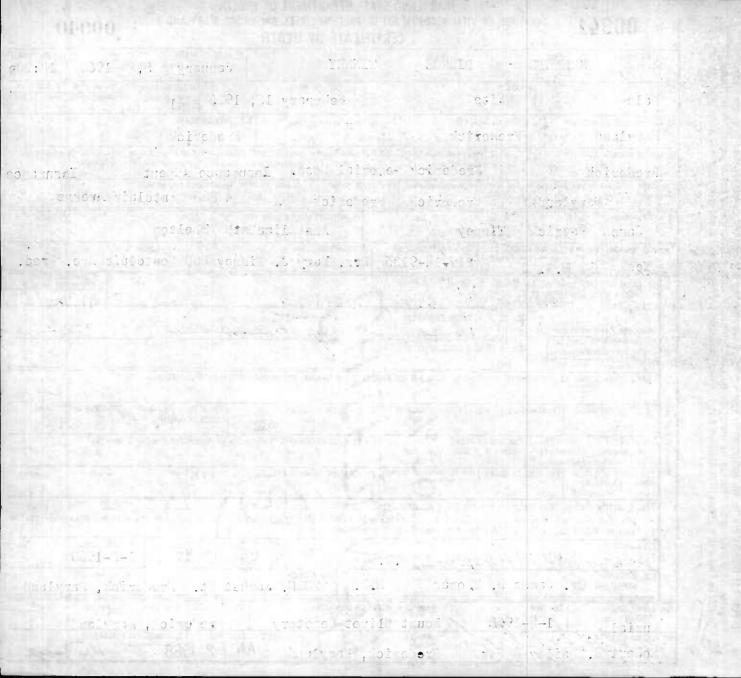
IF UNDER 24 HRS.

Insurance

Md.

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEPTIFICATE OF DEATH

00941

				CERTIFIC	AIL OI	DEATH						
1. DECEASED-NAME (Type or print)	First		Middle		Last		2o. DATE OF	DEATH Month	Day	Yeor	2b. I	HOUR P
(1) be or billil)	Ear!	L Mar	cellus	Wac	hter		Jan.		30 19	68	-	30M
3. SEX		4. RACE			S. DATE OF E	IRTH		6. AGE (In year		HS DAYS	IF UNDER	24 HRS.
Male		Whit	e		April	26-190	04	63	YRS.	ms DATS	HOUKS	min
7a. BIRTHPLACE (State	or foreign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COUNTY OF	DEATH				744
country)	42.5	U.S.A.		WIDOWED		RCED 🗌	F	rederic	k			Md.
10. CITY OR TOWN OF	DEATH	11. NAME	OF HOSPITAL OR IN	ISTITUTION (If n	ot in hospitol			(Kind of wark		b. KIND OF	BUSINESS	OR
Frederick		give stree	et address) 101	1 W. 7	th.St.		ost of working <b>ming</b>	life, even if ret	tired.)	IDUSTRY Far	m	
13a. USUAL RESIDENCE	(Where decease		Residence before	13c. CITY OR	TOWN	13d. INSIDE CITY L		REET AND NUME	BER	rea		
admission) STATE	Id.	13b. COUNTY	ederick	Frede	riek	YES X NO	0 101	1 W. 7t	h. St			
14. FATHER'S NAME	First	Middle	Lost			AIDEN NAME F			ddle		Lost	
	Marce]	llus Clayt	on Wacht	er	Emm	a Ridd	lemoser					
160. WAS DECEASED E	VER IN U.S. ARM		b. SOCIAL SECURITY	NO. 17.	NFORMANT				ress	*****	Md.	- 4
Yes no or unknown	(Il yes give wo	ar or dates of service)	215-26-18	355 Mr	s.Leon	a C. Wa	achter-	1011 W.	7th.	StF		ric
1		y one couse per line f		_						APPROX	MATE INTERV	VAL
	TH WAS CAUSED	BY:	a P Di	-P6	C 0.	DATA	D. A	DOPE	7	ST.	JASEL WAD 6	- EAIN
410	IMMEDIA				-3 11	CITIO	VEG 1-	10100	3 1	21	111	
Conditions, if an	which gave		CONSEQUENCE OF		. ~	01.		A	Te	10-	( (+	0
rise to immedia	te couse (o),	(b)	CONSEQUENCE OF	OITIZ	100	- Lhu	7000	1 1100	erc	0-	1 17	See 4
stating the und		DUE 10, UK AS A	2Teric	501	- DaT	ic H	7040	Dice	ASE	MA	my !	485
- 7 70	1	DITIONS CONTRIBUTING	C TO DEATH BUT I	OT DELATED TO	THE TERMIN	AL DISTASE OD	CONDITION CIVE	AL INI DADT 1/a	- 11 3 4			1
									-			
S LIPS DATE OF ODE	DATION LIGHT	CONDITION FOR WHICH	ODEDATION WAS D	EDEUDWED	20a. AUT	ODCV2	1306 11	YES, WERE FIND	DINGS CONSID	EDED IN C	EDTIEVING	2
S 170. DATE OF OPE	KATION 17D.	ONDITION FOR WHICH	OPERATION WAS P	EKPUKMED			CALISE	S OF DEATH?	DINOS CONSIL	PERED IN C	CKIIFIIN	,
19a. DATE OF OPE	VAC LINDEDI VINI	G 21b. TIME OF IN	IIIIDV	In. II	YES _	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		D 1 1	Dead O Inc.	101		
		HOUR A.M.	Manth Doy Year		UW INJURT OF	CURRED (Ente	r nature at inju	ery in Part 1 or 1	ron 2, Item	16.)		
OF CONTRIBUTING				19						100		
≥ 21d. INJURY OCC While Not w		PLACE OF INJURY (AT	HOME, FARM, STREET, FA	211. L	OCATION Stre	et ar R.F.D. Na	i. City	or Town	Co	unty	2	itate
at work at w	ork —				-1.	12.7		. 1 27 -				
22a. I certify	that (I) (thi	s hospital) attend	ted the deceas	sed from		, 19.6	e3., ta_	1130	_, 1969	that	WW	e) last
saw the	tated above	ive on 123, , (I) (we) (did) (di	d not) view the	hody ofter	death	ny) (our) op	inion deoin	occurred on 1	tne dote o	na nour	ana tro	mine
22b. SIGNATURE	Turou uburo	, (1) (110) (010) (01	0	Body offer					22c. DATE	SIGNED		
And the state of t	Cui	H Hes	ber	D DEGI	ATTEND	ING X	MED. DIRECTOR	STAFF PHYS.	Jan.		068	
22d. PHYSICIAN'S		10,0-6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	101	22e. AD		JIKECIOK —	11113, —	- Ours	71-1	,,00	
NAME (Type	1	John H. Te	ske				laire A	ve Fred	lerick	. Md.	2170	)]
23o. BURIAL CREMATI				CEMETERY OR				ON (City or Tow		ounty)	(Stote	
REMOVAL (Specific	A	2-1968							,	.,	,	7
Burial	. Fel	3 - Jun I Un X					101					
24. FUNERAL DIRECTO	R = Com	-1-	ADDRES	Whit	metery	2Sa. REC'D F	JEI BY REGISTRAR	ferson-	STRAR'S SIGN	ATUREY A	1090	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician ond completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers shauld be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 has VR A15 (4) 30M REV. 1/68

Pages 1 and 2 nours after death.

funeral

ofter deoth

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

Poge 4 may be retoined by the hospital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

				EKIIFIC	AIE OF DEA	ın					
1. DECEASED-NAME (Type or print)	First Jan	nes	Middle Bernard	We	last bb-Sr•	20	Jan.	Month 16	68 Doy <b>196</b> 8		
3. SEX Male		4. RACE Whit	_		S. DATE OF BIRTH Aug. 3-19			6. AGE (In years last birthdoy) 60 YR		EAR IF UNOER 24 DAYS HOURS	HRS.
7a. BIRTHPLACE (State country) Md.		7b. CITIZEN OF W	•	WIDOWED [				rederick			Mo
10. CITY OR TOWN OF Freder	ick	FY	AME OF HOSPITAL OR INS street address eder ick Mei	m. Hos	pital dur	ing most o leavy	f working l	(Kind of work don ife, even if retired pment Ope	.) INDUSTR		
odmission) STATE	E (Where decease Md.	13b. COUNTY	tian: Residence before Frederick		rora YES			te 1- Box	x 210		
14. FATHER'S NAME	John John	Middle Benjam			MOTHER'S MAIDEN N		unter	Middle		Lost	
Yes, no or unknow	EVER IN U.S. ARM	ED FORCES? at at dates of service)	705-10-00		s. Marian	F. We	ebb- I	Address		21790 a-Md.	
rise to immed stating the ur last.	iny, which gove a intercouse (o), derlying couse	(b) DUE TO, OR (c)	AS A CONSEQUENCE OF	OT RELATED TO	THE TERMINAL DISEASE	eta	ITION GIVEN	IN PART 1(o)			
19a. DATE OF OI	PERATION 19b. (	CONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	NO 🔼		YES, WERE FINDING OF DEATH?	S CONSIDERED	IN CERTIFYING	
₹ □ OR CONTRIBUTI	WAS UNDERLYING CAUSE OF OEATH MEDICAL MEDICAL MARKED While Work  WAS UNDERLYING CAUSE OF OEATH MARKED WORK  WORK  WAS UNDERLYING CAUSE CAU	HOUR A.M. P.M.	Manth Day Year		CATION Street or R.F.			y in Port 1 or Part or Town	2, Item 18.) County	Sto	ite
sow th	e deceased al stated above	ive an	ended the decease 1 (did nat) view the	9, and	that in (my) (ou	r) opinio		ccurred on the	dote and ho		
22b. SIGNATUR 22d. PHYSICIAN NAME (Ty	ferl	Robert D	rouch	M-DEGR	22e. ADDRESS	MED. DIRECT		STAFF PHYS. D	erick.	7/6/	01
23a. BURIAL, CREMA REMOVAL (Spec	ifu)	an • 201.96	23c NAME OF St.Pau		CREMATORY	23	d. LOCATIO	N (City or Town)  f Rocks,	(County)	(State)	
24. FUNERAL DIRECT		mas -	Frederi	ck, Md	21701 250. F		GISTRAR	25b. REGISTRA			

	na post interes in it Na vesto de stall vida		eseno -
00:0 10:00 - 00:00			
	V001-E 3m.	Tultos	efor
niciacher.		• ( • • • •	
an And <del>i</del> an in Santa			
Maria Company and All Stephilia			THE RESTAURANT OF THE PARTY.
1 22	artitomi		
			es ara e a ara sua vena
			DOMESTICAL STREET
	4 4 6	45 76 100	
Marie Live., France Col., Mc. 187205.	CLOT SEE TOLL	danost . Ote	• 2

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		00024		EKIIFI	CAIL OF DEAT	п	0.00.10	
de eo		ECEASED-NAME First (ype or print) EULA	MAE WELI	LER	Lost	20. DATE OF DEATH  Jano	th Do25 Yet 8 3 3	JR OV
by the Burne S. Poge hours after	3. SI	x Fema <b>le</b>	4. RACE White		S. DATE OF BIRTH  June 23,	1921 6. AGE (	In yeors IF UNDER I YEAR IF UNDER 24 HOURS I WONTHS OAYS HOURS I YRS.	HRS. MIN.
4 hours	7o.	BIRTHPLACE (Stote or foreign 7 norm) Maryland	75. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF DEATH Frede	rick	Md
ate be executed within 24 I cion and completely filled if ease remove corbon poper and in any event, within 72	r	Thurmont	11. NAME OF HOSPITAL OR INS give street oddress) Own Home	9/	durin	USUAL OCCUPATION (Kind of g most of working life, even upervisor		
cuted vomplets	13o. odm	USUAL RESIDENCE (Where deceosed ission) STATE Md •	lived, if institution: Residence before 13b. COUNTY Fred.	Thu	rmont YES	NO□ 24 Lc	ombard St.	
icate be executed within sicion and completely full please remove corbon, and in ony event, with	14.	Roy Weller	Middle Lost		is. mother's maiden nam Na	we First nnie Wacht	Middle Lost	
tificate physicion n pleas val, and	160	(espho or unknown) (If yes give war	D FORCES? or dates of service) 16b. SOCIAL SECURITY N 220-16-0		Mrs. Nan	nie Weller	Address Thurmont, Md.	
requires that the death certificate be executed within 24 harms a physician. I signed by the ottending physician and completely filled in by burial-transit permit. Then please remove carbon papers. Poburial, cremation, or removal, and in any event, within 72 hours.		PART I. DEATH WAS CAUSED INMEDIATE  / 80 × Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	m	a cerry		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH	1 2
low ding beer the ior to	ATION	171X	ONDITIONS CONTRIBUTING TO DEATH BUT NO		TO THE TERMINAL DISEASE 200. AUTOPSY?		I(o) E FINDINGS CONSIDERED IN CERTIFYING	
Fot st	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING  CAUSE OF CEATH		21c. H		CAUSES OF DEATH		
ATTENDING PHYSICIAN: stained by the hospital or CTOR: After this certificate should be detoched for uith the State Dept. of Heal		(If either, notify medical examine) 21d. INJURY OCCURRED 21e. Pl While Not while of work	P.M. 19 PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	TORY,) 21f. L			County State	
TENDING ined by the R: After ould be d the Stote		22a. I certify that (I) (this saw the deceased alive	haspital), attended the decease ve an	d fram_ 9, ar oady after	nd that in (my) (aur) death.	9, taapinian death accurred	(we) I an the date and haur and from	last
OR De re de ve de		22b. SIGNATURE	· a. Am	DEG	GREE PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED  1-26-68	3
Poge 4 moy k To FUNERAL D  disector, poge			nas A. Love		22e. ADDRESS	Thurmont,		
TO HOSPI Poge 4 m TO FUNER		BURIAL, CREMATION, 23b. DA REMOVAL (Specify)  FUNERAL DIRECTOR	27-68 Blue R:	idge	Cemetery	23d. LOCATION (City of Thurmont	Fred - Co - Md	•
30M REV. 768	Pa	ymond E Bal	. Raymond	E. Curmor	reager DATE	TAY NEGISTRY 1968	REGISTEAR SCHOOL TUBE	

rreob :		MADITION				
	Ten		STEEL SUFFE	a bzas		
		6				
	a Zing Agent i	1,0				
			2(9)			
1.45		2"	d. C. Sant			
	Certine (1) e	7033			TOTAL .	
			1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
					3.00.7	
			Maria Land	Det	MUNICE PROPERTY	
		to coal.	oslow seri	10-13		
			Astrony St.		ALC: NO.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond completely filled in by the funeral director, page 3 should be detached for use os the buriol-transit permit. Then please remove carbon popers. Pages — and 2 should be filed with the Stote Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deoth

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or ottending physician.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00944 CERTIFICATE OF DEATH

/	1 DE	CEASED-NAME	First		Middle	Last		2o. DATE OF DEATH	Tak	b. HOUR
		ype ar print)	Pisi		- 0	111		Manth	Day Year	10
1	3. SE	v	noy	4. RACE	Bower	Is, DATE O	ller	6. AGE (In years	IF UNDER 1 YEAR   IF UND	J AM
		male						last birthday)	MONTHS DAYS HOURS	
ŀ	_	IRTHPLACE (State or fo	reign 7	b. CITIZEN OF WHAT			19-1883	COUNTY OF DEATH	YRS.	.1
Ì	caun	try)	,			8. MARRIED   NEVER WIDOWED   D	VORCED			
1/	0 0	Mary Car		U. 5.		'ITUTION (If not in haspit		FREDERICK OCCUPATION (Kind of work d	lane 12b, KIND OF BUSINE	ECC OD
l		EEDERICK		give-stree	et address)	Temptial	during most	af warking life, even if retir	ed.) INDUSTRY	133 OK
ł	13a.	USUAL RESIDENCE (Who	ere deceased	lived, if institution:	Residence befare	13c. CITY OR TOWN	13d. INSIDE CITY LIMIT	57 13e. STREET AND NUMBE	R	
I	admi	ssion) STATE	rland	13b. COUNTY	Rick	FEEDERICK				
ĺ	14. F		rst	Middle	Last		MAIDEN NAME First			st
l				UN Robe	RT WELL	PEK 1		retta Stocksl	ager	
I		WAS DECEASED EVER II			b. SOCIAL SECURITY N			Addre		
		es, na, ar unknawn) NO		2.	12 38 991	l Roy L.	Weller,	Monrovia, Mar		
1		18. CAUSE OF DEATH					, //	- A	APPROXIMATE INTI BETWEEN CINSET/AND	
		PART I. DEATH W	IMMEDIATE	BY: E CAUSE (a)	long	estino U	eart la	elure	36 41	ours
ı		4129		DUE TO, OR AS A	CONSEQUENCE OF	1	0.0	1 1	100	
		Canditians, if any, wh	rich gave)	(b)	( Price	us Sclera	les alla	urt olleger	, 8 1 18 as	2/
1		stating the underlying		DUE TO, OR AS A	CONSEQUENCE OF					
1		last.	,	(c)						
1		PART 2. OTHER SIGNIF	ICANT COND	ITIONS CONTRIBUTIN	G TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GIVEN IN PART 1(a)		
ı	8	4200	. Indian		Claude	woo	aluen	Leat is use there satisfies	NOS CONCEDENTA IN CONTRA	
ı	CERTIFICATION	19a. DATE OF OPERATIO	N 196. CO	ONDITION FOR WHICH	OPERATION WAS PER		UTOPSY?	CAUSES OF DEATH?	NGS CONSIDERED IN CERTIFYII	NG
	ERTI	21a. ACCIDENT WAS I	INDEBLAING	21b. TIME OF IN	Value	YES YOU INTIRK		ature of injury in Part 1 or Pa	art 9 January 19 V	
1		OR CONTRIBUTING	AUSE OF DEATH	HOUR A.M.	Manth Day Year	ZIC. HOW INJUNI	OCCORRED (EILIEI III	ature as impriy in Part 1 at Pa	11 2, 110111 10.3	
ı	MEDICAL	(If either, natify medi 21d. INJURY OCCURRE	cal examine	P.M.	HOME FARM STREET FACT	ORY 1 216 LOCATION	Street or D.E.D. No.	City ar Tawn	County	State
ı		While Nat while at wark	7 210. 11	OF	FICE BUILDING, ETC.	ORY.) 21f. LOCATION	meet of K.I.D. No.	city of town	cdomy	Jidio
1		220 Leartifu the	+ (1) (+hic	hasnital) attend	and the decease	d fram	V., 19 6.	2, to 1/3/	19 6 % that (I) (	we) la
		saw the dec	eased aliv	ve an	1/30	08, and that in	(my) (our) opini	on deoth occurred on th	ne date and hour and f	rom th
d			d obove,	(I) (we) (did) (di	d not) view the b	ody ofter death.				
9		22b, SIGNATURE	0	1		ATTE	NDING - MED	STAFF	22c. DATE SIGNED	/
ı		Minn	1010.	Mon	100		NDING MED	CTOR L PHYS. L	1/31/68	
ı		22d. PHYSICIAN'S NAME (Type)	Jomes	s B. Thom	se M D.	22e.	ADDRESS 8 N. M. rk	et Street, Fre	dererick. Md	
ı			23b. DA			EMETERY OR CREMATOR				
	730	BURIAL, CREMATION,								
	250.	REMORAL (Specify)						23d. LOCATION (City or Town)		ate)
		FUNERAL DIRECTOR	Feb	b. 3, 196	8 Mount 0	livet Geme	tery	Frederick, M		

. To planted, of oils broll to be a second of the second o

program from the residence of this is and

deserto. Increso, M.J. (22) M. M.Jhat Swrost, Tederoriches, Md.

Surful rec. 2, 1968 Hount Miller Commonly Producted, 1. Tylend

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dea

Page 4 may be retained by the haspital ar attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the fundirector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages Jehauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

0	0	9	4	5
---	---	---	---	---

1. DECEASED-NAME First (Type or print)	Middle	Last	2a. DA	TE OF DEATH  Month Day	y Year	2b. HOUR
George	Washingto	n Whims	C. E.	Month 15	1968	10 pM
3. SEX	4. RACE	S. DATE OF BIRT	Н	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
male	negro	2-2-18	369	last birthday) 98 YRS.	MONTHS OAYS	HOURS MIN
7a. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRII	ED 9. COUNT	TY OF DEATH		
country) Maryland	U.S.A.	WIDOWED DIVORCE	- 550	ederick		Md.
IO. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital	120. USUAL OCCUPA	ATION (Kind af wark dane rking life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
Frederick	60 John Ha		Farmer		Tenar	at
13o. USUAL RESIDENCE (Where decease	ed lived, if institution: Residence before	13c. CITY OR TOWN 13c		3e. STREET AND NUMBER		
130. USUAL RESIDENCE (Where decease admission) STATE Ma	13b. COUNTY Frederick	Frederick	IES X NO	60 John Ha	nson A	ot
14. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAID		Middle	FILOW	Last
James	NMN Whims	F	rances	Maria	Jone	3
160. WAS DECEASED EVER IN U.S. ARM		O. 17. INFORMANT		Address F	red . Md	
Yes, no, or unknown) (If yes give w	or or dates of service)	131 Lenora	M.Whims	60 John H		
	ly one cause per line for (a), (b), and (c).)		1.0		APPROXIA	MATE INTERVAL NSET AND DEATH
PART I. DEATH WAS CAUSED	BY:	tio Heart	Julius	9		TACT ONLY DEPTH
4/29 IMMEDIA	TE CAUSE (a) AT CONSEQUENCE OF	Ant I south		2/1		
Conditions, if any, which gave)	1 Hall	relaindie ("	alia Kar	was Weston	e	
rise to immediate couse (a), (	(b) USEQUENCE OF	Dello Co	naw cap	LEON CONT.		
stating the underlying couse						
_	(c)	OV OCCUPED TO THE TENNESS OF	DISCASS OD CONDIVION	OUGH IN DARK 1/ )		
	IDITIONS CONTRIBUTING TO DEATH BUT NO	JI KELATED TO THE TERMINAL L	DISEASE OKCONDITION	GIVEN IN PART I(a)		
8 4221						
196. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PER		10	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CE	RTIFYING
RTIF		YES 🗍	NO [			4 -
		21c. HOW INJURY OCCUP	RRED (Enter noture a	of injury in Part 1 or Port 2,	Item 18.)	
OR CONTRIBUTING CAUSE OF DEAT						
ZIU. INJUKI OCCURRED IZIO.	PLACE OF INJURY (AT HOME, FARM, STREET, FACT		or R.F.D. No.	City or Town	County	Stote
While Not while at work	OFFICE BUILDING, ETC.					
22a. I certify that (I) (thi	is hospital) attended the decease	ed from 1-15-	, 19.68	1-15 19	_68 , that	(I) (we)-last
saw the deceosed a	live an 7-75-1	9_sand that in (my)	(aur) apinion de	ath occurred an the do	ate and hour	and from the
causes stated above	e, (I) (we) (did) (did not) view the b	bady ofter death.				
22b. SIGNATURE	17	ATTENDING	MED.	STAFF 22c.	DATE SIGNED	~
( sveil x	I woulds "	DEGREE PHYS.	DIRECTOR	PHYS.	1-17-68	
22d. PHYSICIAN'S	T (7)	22e. ADDRE			D	2 -1-
NAME (Type) Robe	tt J. Thomas, M	P. 815	TOTT HO	use Ave.,		
23a. BURIAL, CREMATION, 23b. I	DATE 23c. NAME OF C	CEMETERY OR CREMATORY	23d. LC	OCATION (City or Town)	(Caunty)	A(2)016)11G
REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR	20-1968 Ceres	Bethel		ckitsville	Fred.	Co
24. FUNERAL DIRECTOR	ADDRESS	12	Sa. REC'D BY REGISTR		SIGNATURE AN	
				0 4000 /// /	100110	seddle.

ereco			1.5	000
or for at 1 20	·	actions.	agnost	
9 au	0-1	C. S	الدرية والما	
19. · · · ) = N			but to	
toans en	iga acean	# 01 03	able:	
das warm mio. An	TWOMES NO	nebendu.	7:	
nerok alnek geometi 60.500%				
Tip describ a fet de vancou. I en	000111378-			C
		Charleson and an in-		
			1. 10	
				7/1
	:- [ 8			
		, = 2   1   0		
on .her. affivelite it	Į., į.	woll gove		
	11	or management	If , wolle.	

Uda hvi

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		CERTIFICATE OF DEATH
4 - 24	1.	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
death and 2 death		(Type or print) Warry Roth Whipp 1 Month 17 Doy 68 Year 5.450
	3.	SEX 4. RAGE S. DATE OF BIRTH 6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
b the fundamental bases I haurs after		male September 3, 1900 lost Airthday) VRS MONTHS OAY'S HOURS MIN.
S. S. S. S.	70	BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH
		Martland U.S.A. WIDOWED DIVORCED Frederick
	10	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
章(夏季)	11	give street oddress), [Industry National Life, even if retired.] INDUSTRY
with with with with with with with with	7	b. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. MSDE CITY LIMITS? 13e. STREET AND NUMBER
umple:	A 00	missian) STATE Maryland   13b. COUNTY Frederick   Route # 4   YES   NO   Route # 4
quires that the death certificate be executed within physician. signed by the attending physician and campleter fill purial-transit permit. Then please remave carbon pourial, crematian, ar remaval, and in any event, within	, F	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
ate be exercian and contract and and and any	1	1.4
icate by	1	w. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address
icat sici ple l, a	1	Yes, no, or unknown) (If yes agree war or dates of service) 214-10-2634 Mrs. Naomi M. Whipp Route # 4 Frederick, Md.
r the death certificate b the attending physician sit permit. Then please nation, ar remaval, and i	=	ADDDAYMAR! INTOVAL
h ce Th		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:  A CONSTRUCTION OF THE PROPERTY OF THE
end mit.		IMMEDIATE CAUSE (6)
s that the deatt cian. d by the attendi -transit permit.		2050 DUE TO, OR AS A CONSEQUENCE OF
the the sit	1.5	conditions, if ony, which gave is to immediate cause (o). (b) Chronic Orinary (North Africa) 22 m
s that the cian.  d by the l-transit cremat		stating the underlying course DUE TO, OR AS A CONSEQUENCE OF
res sicio al-t al, a		last. 2043 (c) Partyleogra
equires physici signed burial-t		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
		Molnuturon & Sebution
lav endi s be us t riar		19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
AN: The law rall ar attending icate has been far use as the Health priar ta	2	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 12b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2. Item 18.)
IAN: al ar ficate far us Healt		
日を海上中		GOUDE CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) P.M. 19  201 JULIUSY OCCUPED 123- PLACE OF INJURY AND STREET FACTORY V 215 LOCATION. Street or P.E.D. No. (b) or Town County Street.
		- 1 ZIG. HYDRY OCCURRED 1 ZIG. FLACE OF HYDRI 1 TO TOWN, TOWN, TIZIT, ECCATION SHEET OF R.F.D. NO. CHY OF HYDRI
PHYS ne has this ce etache Dept.		While Not while of work of wor
by th by th offer the be de State		22a.   sertify that (1) (this haspital) attended the deceased from //// 1968, ta //// 1968, that (1) (we) la
T T T O		saw the deceased alive an
Sel Sel		causes stated abave, (I) (we) (did) (did nat) view the bady after death.
OR ATTEN be retained DIRECTOR: / ge 3 shauld ed with the		22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
OR ATTEN be retained DIRECTOR: ge 3 shault led with th	,	
RAL RAL pa		22d. PHYSICIAN'S NAME (Type) ROBERT D. CROUGH 22e. ADDRESS 80 6 78/1 House Are Frederic
HOSP age 4 FUNE director	1 2	la. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
のるの音楽	K .	Burial Frederick County, Maryland
(	111 2	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
30M REV. N	58	Robert E. Dailey & Son Frederick, Maryland DATE JAN 24 1968
	-	

DATEO O CONTROL OF THE PARTY OF	12000
ings , som conto	
ing and the second seco	e
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	HE STATE MOTER
	Taline regis
	A thirt is time to the
grote e un la seri » quote e un colo e e e	[-]

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

death.	Ī.	DECEASED-NAME First (Type or print) HELE	Middle N K. WHITMORE	Lost	20. DATE OF DEATH  Ja Month  Date	9 78968 5:15 PM
24 haurs after death ad in by the juneral pers. Pages 1 and 1,	3.	SEX Female	4. RACE White	S. DATE OF BIRTH Aug. 1, 1	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN.
24 haurs ed in by apers. Proving 72 hours	70		7b. CITIZEN OF WHAT COUNTRY? USA	WIDOWED A DIVORCED	9. COUNTY OF DEATH Frederick	Md
4 14	10	CITY OR TOWN OF DEATH Frederick		Memorial Hosping mo		12b. KIND OF BUSINESS OR INDUSTRY HOME
ample on car	1 13	Ba. USUAL RESIDENCE (Where deceos dmissian) STATE Md •	ed lived, if institution: Residence before 13b. COUNTY Fred.	MOTUOI DATITO		
be executed and control of the contr			Middle Last  Kanode		irst Middle ietta Warthen	Lost
fificate by hysician n please val, and		6a. WAS DECEASED EVER IN U.S. ARN Yes, 19. Brunknawn) (If yes give w	NED FORCES? Toror dates of service)  16b. SOCIAL SECURITY N  2/3-10-34	o. 17. INFORMANT Mrs. Ezra Gr	antham Walker	sville, Md.
ne death certificate be executed wi attending physician and campleter permit. Then please remave carbo ian, or removal, and in any event, w		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIA	y ane couse per line for (a), (b), and (c).) DBY: OFFI CAUSE (o)	Perorangeduna		APPROXIMATE INTERVAL BETWEEN GINSET AND GEATH  24 Language  APPROXIMATE INTERVAL  BETWEEN GINSET AND GEATH
		Canditions, if ony, which gove is to immediate cause (o).	DUE TO, OR AS A CONSEQUENCE OF (b) asterwalers	ti earlio vosulo	u derione	year.
sician. led by the al-transit al, cremat		stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
w requi		4221	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(a)	
AN: The law rall or attending cate has been or use as the Health priar ta	Х	STIFICA THE CA	CONDITION FOR WHICH OPERATION WAS PER	YES NO		
icial or tificate d far u af Heal		OR CONTRIBUTING CAUSE OF CEAT	H HOUR A.M. Month Doy Year ner) P.M. 19		noture af injury in Port 1 or Port 2, It	rem 18.)
he has this cel letache Dept.		While Not while	PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORIES BUILDING, ETC.	(ORY.) 21f. LOCATION Street or R.F.D. No.		Caunty Stote
TENDING ned by th DR: After the ould be de the State		22a. I certify that (I) (the saw the deceased a causes stated above	is hespital) attended the decease live an 1: e, (1) (we) (did) (did nat) view the	d from , 194 968, and that in (my) <del>(our)</del> api pady after death.	inian death occurred an the date of the date of the date of the date of the occurred and the date of the occurred and the date of the occurred and the occurred	te and haur and fram the
be retail be retail DIRECTO ge 3 sho led with		22b. SIGNATURE	7	C, DEGREE PHYS. M	22c. D	ATE SIGNED
Page 4 may TO FUNERAL I director, pag shauld be fil	1		. Dettbard		rsville, Md.	,
Page TO FUR direct shau			2-1-68 Mt. V	iew Cemetery	23d. LOCATION (City or Town) Emmitsburg Fr	
VR A15 (4) 30M REV, 1/6	3/	4. FUNERAL DIRECTOR	Raymond	Creager 250. REC'D B	Y REGISTRAR 25b. REGISTRAR'S	

de on			F 2230
304 1005		etrusy are	
		141.4	
	Angele and the		
		. 18 5	10.2 112.45
	er kynere dan i	10-95 1	
The first particular of the			A. A.
	112	***	
	A TOTAL PROPERTY.		
e - V			
, a., a.,			

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages hand should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

Poge 4 may be retained by the hospital or attending physicion.

VR A15 (4) 30M REV. 1/68

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

				CLIN	HILL	IL OI D	LAIII				
1		CEASED-NAME	First	Middle		Last		2a. DATE OF		v	26. НОНВ
	(1)	ype or print) Mae E	thel Virg	inia Ambus	h W	olfe		L. Cary	Month Do		1:30M
	3. SE	X	4. RACE		S.	DATE OF BIRTH			6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
1	1	Temale	Ne	gro		12-18-	-1886		last birthday) YRS.	MONTHS OAYS	HOURS MIN.
1	7o. B	IRTHPLACE (State or foreign			RRIED	NEVER MARRIE		. COUNTY OF	DEATH		
	coun	try) Md	U.S.A.		OWED X			Fred	erick		Md.
	10. C	TY OR TOWN OF DEATH	11. N	AME OF HOSPITAL OR INSTITUTION	ON (If nat	in haspital		OCCUPATION	(Kind of wark dane		BUSINESS OR
2	Т	ewistown	give	street oddress) <b>tl Thurmont</b>	D	hM c	during mo	omest	fe, even if retired.)	INDUSTRY	sehold
	4.0	LIGHT IN PROCESS OF THE PARTY O	leceased lived, if institut	ion: Residence befare 13c.	ITY OR TO	OWN 13d.	INSIDE CITY LIM		EET AND NUMBER	HOU	Senord
9	admi	usual RESIDENCE (Where d	13b. COUNTY	Frederick I	ewi.	s town Y	ES NO	D Rt1	Thurmo	nt P O	Ma
		ATHER'S NAME First	Middle	Lost		MOTHER'S MAIDE			Middle	HILLAN	Lost
				The supplied of the supplied o	13.1	NOTITER 5 INFIDE			NMN	D	
1	160	Robert WAS DECEASED EVER IN U.S		Ambush 1166, SOCIAL SECURITY NO.	17 INF	ORMANT	LOS	etta	Address	Russe	11
	Y	es, ng, or unknown) (If ye	s give war or dates of service)				11-77	4 Jam T		A. TO	0 363
	17		*****	220-34-030	M IN	/ A	потт	losy r	16 1 1000	APPROXI	MATE INTERVAL
9		18. CAUSE OF DEATH (Ent PART I. DEATH WAS O	ALISED BY-	ne for (a), (b), and (c).)	1//	The last	71:			BETWEEN C	ONSET AND OEATH
1		1/100 1	MEDIATE CAUSE (a)	orming	MU.	my o	200			1/2	
9		Conditions, if ony, which o		AS A CONSEQUENCE OF	2/1	111 0	1000			101	211-
1		rise to immediate cause	(a) (b)	(ormony C	M	Mr 30	ceno	200		100	yours.
١		stating the underlying co		AS A CONSEQUENCE OF							
4		lost.	(c)								
		PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBU	TING TO DEATH BUT NOT REL	ATED TO 1	HE TERMINAL DI	ISEASE ORCC	INDITION GIVEN	IN PART 1(a)		
	NO	4201	Hopet	ansun							
	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORM	ED	20a. AUTOPSY			YES, WERE FINDINGS ( OF DEATH?	CONSIDERED IN C	ERTIFYING
	RTIF		0			YES 🗌	NOX X				
		210. ACCIDENT WAS UNDE		F INJURY Manth Doy Year	21c. HOW	INJURY OCCUR	RED (Enter	noture of injury	y in Port 1 or Part 2,	Item 18.)	
	MEDICAL	(If either, natify medical e	examiner) P.M.	19							
	ME	21d. INJURY OCCURRED	21e. PLACE OF INJURY	( AT HOME, FARM, STREET, FACTORY, ) OFFICE BUILDING, ETC.	21f. LOCA	TION Street o	r R.F.D. No.	City	or Town	Caunty	State
		at work at work									
		22a. I certify that (I	) (this haspital) att	ended the deceased from	m		_, 19.5	5 , to	L, 19	68 , that	(I) (aure) lost
		saw the decease	ed alive an	(did not) view the body	after de	that in (my)=	(our) opin	nion death o	ccurred on the d	ate and haur	and fram the
١		22b. SIGNATURE	00ve, (1) () (unu)	(did fior) view file body	uner de	uiii.		/	220	DATE SIGNED	
		ZZO. STONATOKE	Times	1	DEGREE	ATTENDING	ME	D. RECTOR	STAFF PHYS.	22 /	15
		22d. PHYSICIAN'S	1/CVV	F	DLOKE	PHYS. 22e. ADDRES		KECTOR -	PHIS.	4.6219	WD.
		MARKE /T 1	O. Thomas	Fr				ਰਿ ਸ	rederick	. Ma	
	230		23b. DATE	23c. NAME OF CEMET	EDA UB CE				N (City ar Tawn)	(County)	(Stote)
	230.	DEMOVAL (Speciful				LIMMIONI				. , ,,	
1		FUNERAL DIRECTOR	1-25-68	Fairvi	CW	25	o REC'D BY	REGISTRAR	derick 25b. REGISTRAR'S	SIGNATURE	Md
1			777 Dec.				MALEJAN		68	read you	المالية
*	U	.E. Hicks.	LLL FIE	derick, Md		D.	AIL		11		W.

To promise		C. W. Promise D. Kindler & Word 21 H25-37	facon sur
C 300.F SS	olico.	a deboud akai yaiy	teriti o
	1 405-56-01	, (1)	) [ · ] 7 [
			5.
Elimental .	31203-370 N.O.	. Sat we Is	awe let sail
The strain of the strain of	id; tst	lue. Notes org	Ď.
[[]]	9 <del>1</del> 1 - 12 - 13 - 1	n 9 1,	†
Co . Activity	in the continue of the	1.000-0-035	C
		S >	
6 , 6	35-1, 661-10-6	47,141	2.2.4
51 - 5200 - 1	Profession 1	volvei att. W-	E- Initia
		M. Andreasa T	

.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	00950				CERTIFI	CATE OF	DEATH				009	
	CEASED-NAME ype ar print)	First		Middle		Last			E OF DEATH		oy CO Yeor	2b. HOUR
		Rus		lmes Lamar	Yin	ger		Ja		15 D		2-30 M
3. SE.	X Male		4. RACE Whit	e		S. DATE OF I	BIRTH 1 25-19	909	6. Ac	E (In years birthdoy) B YR:	MONTHS DAYS	HOURS MIN.
7a. B	SIRTHPLACE (State or finitry) Md.	areign	7b. CITIZEN OF V		8. MARRIED WIDOWED	NEVER MA	RRIED		y of DEAT	1		Md
10. C	ITY OR TOWN OF DEAT		11.1 give	NAME OF HOSPITAL OR IN street oddress) Frederick	STITUTION (IF	not in hospitol		AL OCCUPA	TION (Kind	of work dane ven if retired.		F BUSINESS OR etrick
	USUAL RESIDENCE (Wh			itian: Residence before	13c. CITY O	R TOWN	13d. INSIDE CITY L	LIMITS? 13	e. STREET A	ND NUMBER 5-Free		
14. F	ATHER'S NAME F	irst	Middle Yinge	Lost		IS. MOTHER'S A	MAIDEN NAME			Middle	Wall of	Lost
16a. Y	WAS DECEASED EVER (es, no ar unknawn)	N U.S. ARM	ED FORCES?	16b. SOCIAL SECURITY 217-10-07.		INFORMANT Irs. Es	telle N	M. Yi	nger-	Address Rt •5-F:	rederick	
	1B. CAUSE OF DEATH PART 1. DEATH V	WAS CAUSED		line far (a), (b), ond (c)		Hear	r Fai	lu	e.			ONSET AND DEATH
	4/29 Canditions, if ony, w rise to immediate c stating the underlyi	hich gove) ouse (o),	DUE TO, OR	AS A CONSEQUENCE OF  AS A CONSEQUENCE OF	ukr	el In	facto	in 1	Recen	to He Disea	aled 8	no.
N		FICANT CON	\-/-	UTING TO DEATH BUT N	OT RELATED	TO THE TERMIN	AL DISEASE OR	CONDITION	GIVEN IN P	ART I(o)		
CERTIFICATION	190. DATE OF OPERATION	DN 19b. C	ONDITION FOR W	HICH OPERATION WAS PE	RFORMED	20a. AUT YES		C	Ob. 1F YES, 1 AUSES OF D		CONSIDERED IN	CERTIFYING
MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING (If either, natify med	CAUSE OF DEATH	HOUR A.M	. Month Doy Year		HOW INJURY O	CCURRED (Ente	er noture al	injury in F	ort 1 ar Pari	2, Item 1B.)	
ME	21d. INJURY OCCURR While Nat while at wark at wark	ED 21e.	PLACE OF INJURY	( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY,) 21f.	LOCATION Str	eet ar R.F.D. Na	0.	City or To	wn	County	State
	22a. I certify that (1) (this haspital) attended the deceased from how on 1967, to form 15, 1968, that (1) (we) last saw the deceased alive an from the causes stated above, (1) (we) (did nat) view the bady after death.											
	22b. SIGNATURE	1.	Gerr	e Sr	12 LOEC	11110.	ا لغا	MED. DIRECTOR	STA PHY	f n/	DATE SIGNED	1968
- 3	22d. PHYSICIAN'S NAME (Type)	A.A.F	earre-S				hurch &	StF	reder	ick, M	d.21701	
230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. D Ja	n.18–19	23c. NAME OF Mt.Oli	vet S	emeter moerv	7	Fr		ick, Mo	1. (County) 21.701	(Stote)
24.	FUNERAL DIRECTOR - M.R. Etchi	Elwi son &	Son T.	ADDRESS	ick, M	mere d.2170	2So. REC'D	BY REGISTR	AR 2	Sb. REGISTRAL	R'S SIGNATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by the funeral director, page 3 should be detoched for use os the burial-tronsit permit. Then please remove carbon papers. Pages I was about be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat Page 4 may be retained by the hospital or attending physician.

M.R. Etchison & Son

Melantes Inde MAN 18 1968

MALL	V

CHARLES T

Suspect the contract Tieger Land Contract Contra 15-1909 COL-25 Ilem 982:0 do rungang

creder at: 20 column of real leaf to the control of 

irida A. Tirber

of the state of the superior of the control of the state of the state

A.A. Papera-dr. S. Didreds ab.-Eredorion, Ma. 21701.

TOTAL TO E CONTROLL CONTROL CONTROL TO THE TOTAL CONTROL CONTR . . Seriese ton W. Brederick, Md. 11701 grante man